1 ORGANIZATION AND ADMINISTRATION

1.1 ORGANIZATION AND ADMINISTRATION

1.1.1 Organization.

1.1.1.1 Branch Medical Clinics Directorate. The BMC Directorate (Appendix 1-1), is composed of personnel from the Medical Corps, Nurse Corps, Medical Service Corps, Hospital Corps, Civil Service, and Contract service. Our goal is to achieve and maintain an optimum health care delivery system, maintain units in a medically combat-ready posture, and to maintain maximum personnel effectiveness.

1.2 SCOPE OF CARE

1.2.1 Setting

1.2.1.1 The Branch Medical Clinics are outpatient primary care facilities associated with the Naval Hospital, Camp Pendleton.

1.2.1.2 The on-base clinics are located throughout the Marine Corps Base at Areas 13, 21, 31, 52, and the Brig. The clinics are staffed with five (5) primary care physicians, two (2) nurse practitioners, two (2) physician assistants, five (5) registered nurses, nine (9) independent duty corpsmen, and approximately 130 hospital corpsmen. The clinics support over 45,000 active duty personnel and eligible beneficiaries, Marine Corps housing units, recreation areas, field events, and base training exercises.

1.2.1.3 Off-base clinics are located at Barstow, Bridgeport, Port Hueneme, CA, Yuma, AZ and the Tricare Outpatient Clinic, Oceanside.

1.2.2 Services

1.2.2.1 The on-base Branch Medical Clinics primarily provide care to active duty members assigned to MCB, Camp Pendleton. Family Members and retired personnel are seen by Primary Care Managers at the 31 Area and the Tricare Outpatient Clinic, Oceanside. Pharmaceutical services for all eligible beneficiaries is available at all branch clinic locations.

1.2.2.2 Services Include: Military Sickcall, Laboratory, Nutrition Counseling, Physical Exams, Radiology, Immunizations, Pharmacology, Overseas Screening, STD Screening, PRT Screenings, Ambulance Service, Optometry, and a Well Women's Clinic.

1.2.2.3 All routine services are available from 0730 to 1600 Monday through Friday with the exception of 31 Area Branch Clinic which has modified their working hours from 0600 to 1400, Monday through Saturday to accommodate range coverage. The Tricare Outpatient Clinic, Oceanside provide services 7 days a week; Monday-Friday from 0700-2000 and Saturday, Sunday and holidays from 0700-1600. Working hours are subject to modification to meet operational requirements.

1.2.2.4 The outlying clinics offer basic primary care services to varying populations. Specific scope of services and hours will be outlined on site.

1.3 ORGANIZATION (SEE APPENDIX 1-2)

1.3.1 Headquarters.

1.3.1.1 Director for Branch Medical Clinics. The Director for Branch Medical Clinics is responsible to the Executive Officer for the coordination and efficient operation of the BMC under the cognizance of the Commanding Officer.

1.3.1.2 Senior Medical Officer (SMO). The SMO is responsible for the delivery of medical care throughout the clinics, and the supervision of clinic physicians and non-physician providers. The SMO reports to the Director for Branch Medical Clinics and coordinates with the Director for Medical Services on medical staff issues, professional staffing requirements, and other clinical issues to ensure the delivery of quality medical care.

1.3.1.3 Branch Medical Clinics Senior Enlisted Leader (SEL). The BMC SEL serves as principal enlisted advisor to the Director for Branch Medical Clinics on all matters relating to enlisted policy, morale, and welfare. The SEL works closely with all levels of staff in the dissemination and promotion of command policy and functions as an integral element of the chain of command.

1.3.1.4 Clinical Coordinator (CC). The CC is responsible for the delivery of patient care throughout the clinics. The CC reports directly to the Director for Branch Medical Clinics and collaborates with the SMO to coordinate health care functions and the Senior Nurse Executive concerning nursing issues. Oversees the Branch Medical Clinic's Performance Improvement Plan within the guidelines of NHCP.

1.3.1.5 Administrative Officer (AO). The AO is responsible for providing administrative/ personnel support for the operation of the clinics. The AO reports to the Director for Branch Medical Clinics and manages the OPTAR for all Area Branch Medical Clinics.

1.3.2 Clinic Level.

1.3.2.1 Officers in Charge (Barstow, Bridgeport, Port Hueneme, and Yuma). The OICs of BMC, Marine Corps Logistics Base, Barstow; Marine Corps Air Station, Yuma; Marine Corps Mountain Warfare Training Center, Bridgeport; and Naval Station Ventura, Port Hueneme manage their respective clinic operations, and advise and inform the Command on necessary items of interest. The OIC reports to the Director, Branch Medical Clinics and consults with other directors on matters affecting the operations of their clinics.

1.3.2.2 Department Head. The Clinic Department Heads will be assigned in writing and will manage all administrative aspects of respective clinic operations, and reports to the Director.

1.3.2.3 Laboratory, Pharmacy and Radiology Coordinators. The Coordinators are responsible for providing oversight and guidance for the clinics radiology, pharmacology, and laboratory services. The coordinators ensure coordination of ancillary clinic care with the appropriate hospital counterpart. They report to their respective Department Head, via the Director for Branch Medical Clinics.

1.4 CLINIC POSITION DESCRIPTION

1.4.1 Every staff member reporting to Area Branch Medical Clinic's shall review their position description (PD) with their immediate supervisor. The supervisor will sign in the Level I-III general information checklist (or the Orientation Plan for GMO physicians service) that the PD has been reviewed.

1.4.2 On request the member will be given a copy of the PD.

1.4.3 A binder of all clinic personnel PD's will be maintained by the clinic Officer in Charge/Department Head.

1.5 ADMINISTRATION

1.5.1 Correspondence, Related Procedures, Books, Publications, and Reports

1.5.1.1 Correspondence. Official outgoing correspondence should originate from the Commanding Officer or personnel designated to sign "By direction" and should be prepared in accordance with instructions contained in the Navy Correspondence Manual, SECNAVINST 5216.5 series, and NAVHOSPCAMPENINST 5216.1 series. Clinic Department Heads are authorized to correspond directly with the Director, BMC and Unit Commanders served by the clinic, as applicable, in professional matters.

1.5.1.2 Filing and Record Retirement. Files will be complete, orderly, and in compliance with SECNAVINST 5210.11 series. Copies of all correspondence directed to superiors in the chain of command will be routed via the Director, BMC. Periodically, as required, records, logs, and correspondence shall be disposed of in compliance with SECNAVINST 5215.5 series.

1.5.1.3 Books, publications, directives, and other reference materials required for all BMC are listed in Appendix 1-3 of this SOP. Other references in this area are in NAVMEDCOMINST 6820.1.

1.5.1.4 In addition to those reporting requirements outlined in this SOP, Department Heads shall become familiar with reporting requirements outlined in the Manual of the Medical Department (MANMED), Chapter 23.

1.5.2 Routine Management System. Department Heads are responsible for:

1.5.2.1 Daily

1.5.2.1.1 End of Day Processing
1.5.2.1.2 Routine Exams
1.5.2.1.3 Immunizations
1.5.2.1.4 Health Record Maintenance
1.5.2.1.5 Routine Field Day
1.5.2.1.6 Treatment Room Checklist
1.5.2.1.7 Medication Storage Temperature Log
1.5.2.1.8 Ensuring Watch standers are Available
1.5.2.1.9 Collecting Monthly Workload Statistics/MEPRS
1.5.2.1.10 KG-ADS

1.5.2.2 Weekly

1.5.2.2.1 Submission of Supply Requests
1.5.2.2.2 Clinic Supervisors Controlled Substance Inventory
1.5.2.2.3 In-service Training (Medical/GMT)
1.5.2.2.4 Linen Exchange
1.5.2.2.5 Sterile Pack Exchange
1.5.2.2.6 Audiogram Follow-ups (Hearing Conservation) 15 hr. noise free, physician 40 hour follow-up

1.5.2.3 Monthly

1.5.2.3.1 Clinic Summary Log (NAVMED 6300/14)
1.5.2.3.2 Monthly Ancillary Services Data Form (NAVMED 6300/15)
1.5.2.3.3 Occupational Health Services Report (NAVMED 6260/1)
1.5.2.3.4 Pharmacy Workload Report
1.5.2.3.5 Laboratory Workload Report

1.5.2.3.6 Radiology Workload Report
1.5.2.3.7 Expense and Manpower Input Sheets
1.5.2.3.8 Staff C-Status Update
1.5.2.3.9 PRT (Remedial) Report
1.5.2.3.10 Biological Audiometer Calibration Check (DD 2217). Keep copy in clinic for 5 years.
1.5.2.3.11 NHCP (unannounced) Controlled Substance Inventory
1.5.2.3.12 Nosocomial Infection Report
1.5.2.3.13 Update Immunization Requirements
1.5.2.3.14 Verify STD/TB Follow-ups
1.5.2.3.15 Recall Bill
1.5.2.3.16 Update Training Schedule
1.5.2.3.17 Complete Crash Cart, Antidote Locker and MO Drug Box Inventories
1.5.2.3.18 PPD Monthly Report
1.5.2.3.19 Customer Relations Report
1.5.2.3.20 Military Mileage Report (Admin vehicles)
1.5.2.3.21 X-ray Chemical Usage Report
1.5.2.3.22 Retention Report
1.5.2.3.23 BMC Performance Improvement Matrix
1.5.2.3.24 Performance Improvement Activity Report
1.5.2.3.25 Waived Testing Quality Assessments Results

1.5.2.4 Semi-Monthly: Safety Lectures

1.5.2.5 Quarterly

1.5.2.5.1 Senior/Junior Sailor of the Quarter Nominations, Civilian of the Quarter.
1.5.2.5.2 Medical Repair Program, Quarterly Preventive Maintenance checks by Medical Repair.
1.5.2.5.3 Fire Drill
1.5.2.5.4 Emergency Cachet Inventory
1.5.2.5.5 Zone Inspection (Material/Safety)
1.5.2.5.6 BCLS Drill
1.5.2.5.7 REDT Box Inventory
1.5.2.5.8 Medical Record Review
1.5.2.5.9 Infection Control Checklist
1.5.2.5.10 Safety Checklist

1.5.2.6 Semi-Annual

1.5.2.6.1 Radiation Health Survey of X-ray Equipment
1.5.2.6.2 NHCP Disaster Drill
1.5.2.6.3 Physical Readiness Test
1.5.2.6.4 Officer Fitness Reports/Counseling (01-02 & W1-W2)
1.5.2.6.5 Enlisted Performance Evaluations/Counseling (E4 and below)

1.5.2.7 Annual

1.5.2.7.1 Inventory of Medical Storerooms and other Medical Spaces
1.5.2.7.2 Exposure to Ionizing Radiation (NAVMED 6470/1)
1.5.2.7.3 Annual Calibration of X-ray Equipment
1.5.2.7.4 Periodic Enlisted Evaluation/Counseling (E5 and up)
1.5.2.7.5 Equipment Items Programmed for Replacement

1.5.2.7.6 Develop Long Range Training Plan (12 month)
1.5.2.7.7 Annual Projected Budget Estimate
1.5.2.7.8 Quality Improvement Appraisal
1.5.2.7.9 Officer Fitness Reports/Counseling W3 and above
1.5.2.7.10 Enlisted Performance Evaluations/Counseling (E5 and above)
1.5.2.7.11 Authorized User List
1.5.2.7.12 Pediatric Lead Poisoning Prevention Program Report

1.5.2.8 Situational

1.5.2.8.1 Appointment Letters for Narcotics and Controlled Substances
1.5.2.8.2 Competence for Duty Exams
1.5.2.8.3 STD Contact Report
1.5.2.8.4 Report of Objective/Unsatisfactory Medical Material
1.5.2.8.5 Variance/Staff Mishap Reports
1.5.2.8.6 Missing, Lost or Stolen Property Report (contact AO for assistance)
1.5.2.8.7 Suspected/Confirmed Sexual Assault Cases
1.5.2.8.8 Unsafe/Unhealthful Working Conditions

1.5.3 Medical Expense and Performance Reporting System (MEPRS)

1.5.3.1 Accurate cost assignment is essential to accurate and uniform costing. Inaccurate military labor assignment may result in drastic exaggerations to true costs for service.

1.5.3.2 NAVHOSPCAMPENINST 6010.23A requires all staff personnel both military and contract civilian to accurately complete. Staff with primary assignments at 13 (and the Brig), 21, 31 and 52 Area Clinics must complete the MEPRS form designed for their respective clinics.

1.5.3.3 The Standard Personnel Management System (SPMS) will be utilized for compilation of MEPRS data. The period of report covers the 26th day of the previous month to the 25th day of the current month (i.e., from 26 June 2000 to 25 July 2000).

1.5.3.4 The Expense and Manpower Input Record (Appendix 1-4) is used to document man hours and patient load for civilian contracted physicians.

1.5.4 Automated Data Processing (ADP) Security

1.5.4.1 In order to prevent corruption/loss of data and unintentional, as well as intentional, unauthorized access to information, all clinics will adhere to ADP security procedures outlined in the NAVHOSPCAMPENINST 5239. Series.

1.5.4.2 Clinics will assign (in writing) a Terminal Area Security Officer (TASO) who will monitor all aspects of ADP Security. The Head, Management Information Department will also assign the TASO in writing from the Naval Hospital, Camp Pendleton. This will include access and proper utilization of computers and magnetic media. A copy of the appointment letter will be forwarded to Headquarters, BMC.

1.5.4.3 The Information Systems Security Officer (ISSO) will review ADP policy compliance semi-annually during the Technical Assist Visit (TAV).

1.5.4.4 An authorized users list must be posted in the vicinity of each computer and each computer must have signs or labels reading as follows:

1.5.4.4.1 "COPYING OF COPYRIGHTED SOFTWARE IS ILLEGAL AND PUNISHABLE".

1.5.4.4.2 "IAW OPNAVINST 5239.1, YOU MAY ONLY PROCESS LEVEL II AND LEVEL III DATA (I.E. UNCLASSIFIED INFORMATION). INFO

COVERED BY THE PRIVACY ACT MUST BE HANDLED IAW PRIVACY ACT STANDARDS".

1.5.4.5 Computers must be located in secured offices which can be locked after hours, or if the PC is an NT operating system, the user must log out when away from the workstation. All reasonable precautions will be taken to ensure that ADP systems are used for OFFICIAL USE ONLY and that NO PERSONAL SOFTWARE OR GAMES ARE UTILIZED. Any security issues or questions should be directed to Headquarters, BMC (ISSO) 725-6346.

1.5.4.6 Monthly backups of the administrative PCs ARE REQUIRED to prevent catastrophic loss of data. In the event of data loss, these backups will be utilized to restore the hard drive. Department Head is to direct TASO to coordinate data safety.

1.6 TURNOVER PROCEDURES

1.6.1.1 It is the responsibility of the departing Department Head to inform the incoming Department Head of the clinic's current operational status, and at a minimum:

1.6.1.1.1 Ensure Stock Record Cards are prepared on all items of medical supplies and accurately reflect current inventory, location of items, and all other management data. POC is Property Control, Materiel Management.

1.6.1.1.2 Ensure all items of durable equipment (as listed on current Plant Property Inventory) are on board and in good operating condition. POC is Property Control, Materiel Management.

1.6.1.1.3 Ensure that ongoing actions affecting the status of medical material (e.g., outstanding requisitions, surveys, and repair orders, etc.) are properly documented and understood by the relieving Department Head. Review major equipment required for the upcoming year.

1.6.1.1.4 Review financial position and accuracy.

1.6.1.1.5 Ensure administrative requirements are being met as required by this SOP and other proper authority. Ensure all required reports are current and properly submitted.

1.6.1.1.6 Ensure health surveillance programs are in place and current (e.g., immunizations, hearing conservation, physical examinations, etc).

1.6.1.1.7 Ensure required training is being properly conducted and documented. (Chapter 2 of this SOP).

1.6.1.1.8 Ensure all keys have been turned over via the Key Custodian.

1.6.1.2 Deficiency/Discrepancies Report. A summary of the deficiencies (Appendix 1-5) and/or discrepancies of the aforementioned will be completed within 60 days of the turnover and forwarded to the Director, Branch Medical Clinics for review, Appendix 1-1.

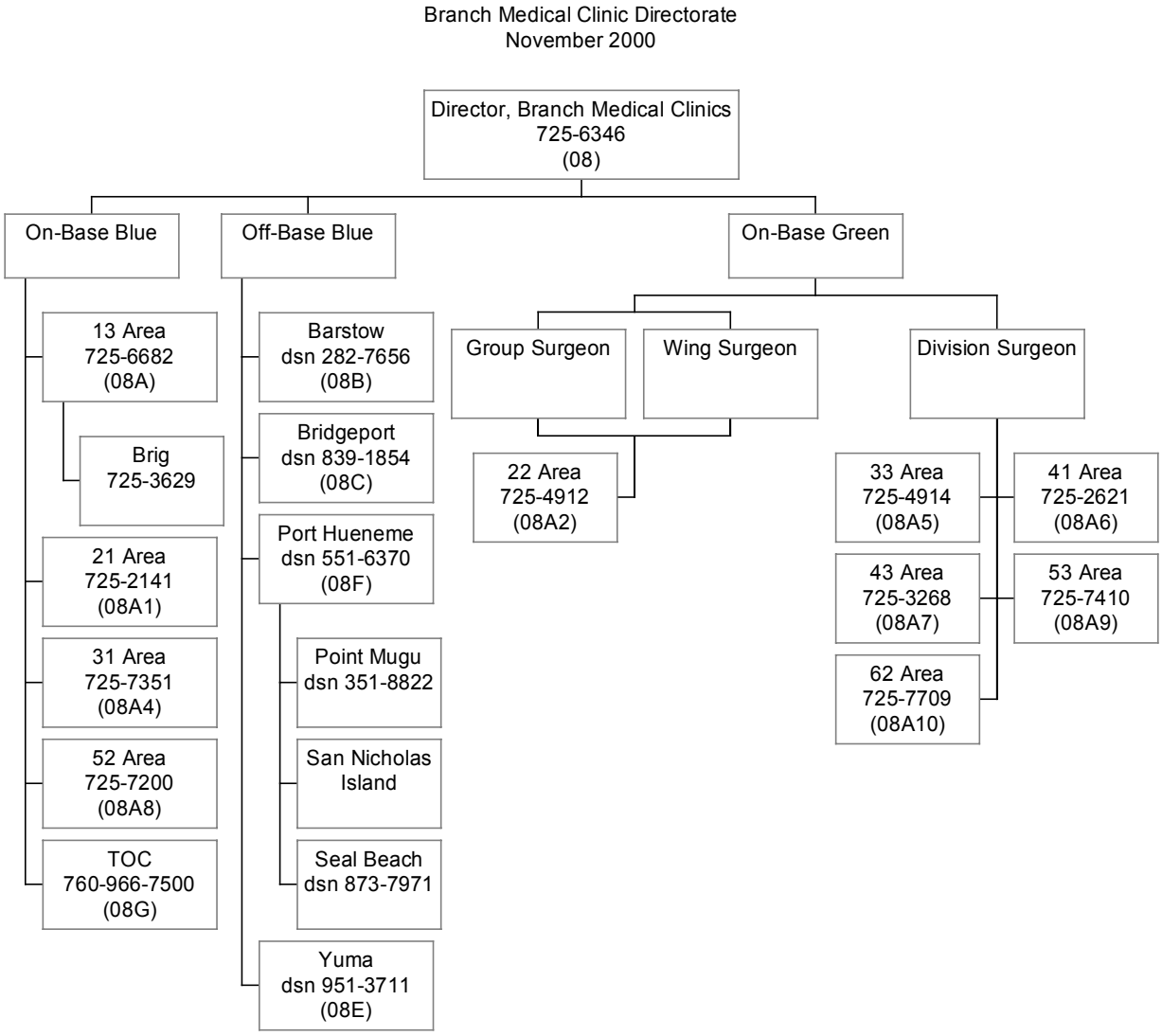
1.6.1.3 Letter of Relief. Upon completion of procedures outlined above, the incoming Department Head shall advise the Director, BMC in writing as follows:

1.6.1.3.1 I have this date assumed duty as Department Head.

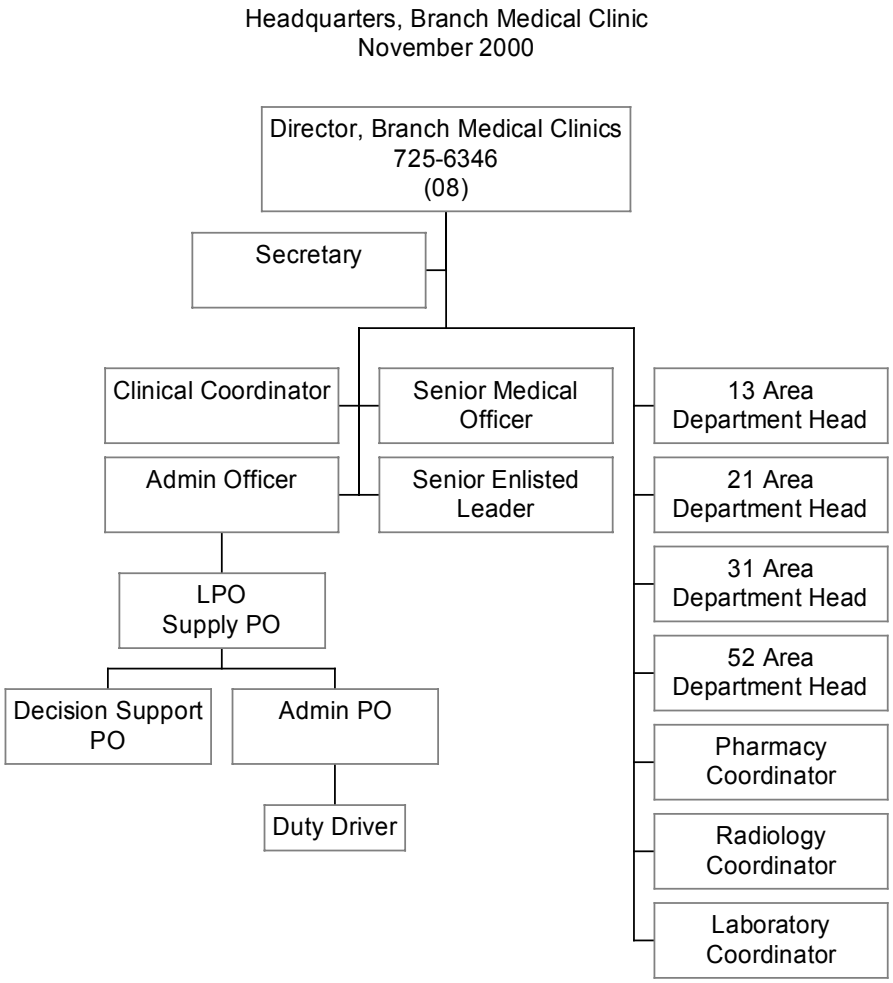
1.6.1.3.2 I have in company with (Name of outgoing Department Head) assured myself that the management and accountability of the (clinic #) ABMC are in accordance with current directives. Item discrepancies noted: (state "none," or list specific discrepancies in health records, supplies, medical equipment, admin, etc.).

1.6.1.4 Adjudication of Discrepancies Noted Upon Relief. Adjudication of discrepancies noted upon relief will be handled by the Director, BMC consistent with determining responsibility, taking any disciplinary/administrative action necessary, adjusting accounting records, and initiating action to replace missing materials.

APPENDIX 1-1: DBMC ORGANIZATION CHART



APPENDIX 1-2: BRANCH MEDICAL CLINICS REPORTING MATRIX



APPENDIX 1-3: REQUIRED REFERENCE BOOKS, PUBLICATIONS, AND DIRECTIVES

REFERENCE BOOKS

A Guide To Physical Examination. Bates, B., Philadelphia, Pa: Lippincott (4th Ed.).; or Clinical Examination: A Physiological Approach. Judge, R. D., Little, Brown And Co., or Beside Diagnostic Exam. Degowin, E.l., New York, Ny: Macmillan.

Current Medical Diagnosis And Treatment. Chatton, M.J., And Krupp, M. A., Chicago, Il: Lange

Current Emergency Diagnosis And Treatment. Lange; or Principles And Practices Of Emergency Medicine. Sanders And Schwartz Illustrated Medical Dictionary. Dorland, W.a, Philadelphia, Pa: Sanders or Tabers Cyclopedic Medical Dictionary, F.a. Davis Co.

Merck Manual Of Diagnosis And Therapy. Rahway, New Jersey, Merck And Co.

Schneierson's Atlas Of Diagnostic Microbiology, Abbot Laboratories, North Chicago, Il 60064 Usa

Physician's Desk Reference. Ovaville, New Jersey: Medical Economics Co.

Facts And Comparison - Facts & Comp Div, Lippincott Co, 111 West Port Plaza, Suite 423, St Louis, Missouri 63146-3098

Naval Hospital Camp Pendleton Formulary. American Drug Index By Norman & Shirley Bilmps

Manual Of Skin Diseases. Sauer, G.d., Philadelphia, Pa: Lippincott

Standard First Aid Training Course (NAVEDTRA 10081)

Hospital Corpsman I & C (NAVEDTRA 10670)

Hospital Corpsman 3 & 2 (NAVEDTRA 91669-3a)

Hospitalman (NAVEDTRA 91667-1e)

NAVMED Publications

P-117 MANMED
P-5036 Interviewer's Aid For VD Contact Investigation
P-5055 Radiation Health Protection Manual
P-5095 (rev 87) Poisons, Overdoses, And Antidotes

SECNAV instructions (Most recent)

5210.11 Department Of The Navy Standard Subject Identification Codes
5211.5 (CH 1, 2, 3 & 4) Personal Privacy And Rights Of Individuals Regarding Records Pertaining To Themselves
5212.5 (CH-1) Records Disposal; Policies & Procedures (medical Section)
5216.5 Navy Correspondence Manual
5300.28 Alcohol and Drug Abuse Prevention And Control
5300.30 Management of Human Immunodeficiency Virus (HIV)

OPNAV instructions (Most recent)

5100.23 (CH-2) Navy Occupational Safety And Health (NAVOSH) Program Manual
5102.1 (CH-1) Mishap Investigation And Reporting
6110.1 Physical Readiness Program

BUPERS instruction (most Recent)

BUPERSINST 1616.9 Enlisted Evaluation System

BUMED/NAVMEDCOM instructions (most Recent)

NM 1300.1 W/BUMEDNOTE 1300 Of 04dec91 Overseas Screening Program
NM 6150.1 Health Care Treatment Records
NM 6150.2 Medical Warning Tag; Use Of
NM 6220.2 Disease Alert Reports
NM 6220.6 (ch-1) Rabies Prevention And Control
NM 6224.1 Tuberculosis Control Program
NM 6230.1 Viral Hepatitis Prevention
NM 6230.3 Immunizations And Chemoprophylaxis
NM 6260.5 Hearing Conservation Program
NM 6260.3 (ch-1) Occupational Health Medical Surveillance
NM 6260.15 White Phosphorous Injuries; Treatment of
NM 6260.26 Testing And Monitoring Of Naval Personnel For Hemoglobin-5 (sickle Cell Hemoglobin) And Erythrocyte Glucose 6 (phosphate Dehydrogenase Deficiency)
NM 6300.2 Medical Services & Patient Morbidity Reporting System
NM 6320.1 Non-naval Medical And Dental Care
NM 6320.3 Medical And Dental Care For Eligible Persons At Naval Medical Department Facilities

NAVHOSCAMPPEN Instructions and Notices.

All Instructions as Listed on The Most Recent
NAVHOSCAMPPEN Notice 5215.

First Marine Division Orders (DivO) (most Recent)

1900.7 Processing Sep/Ret By Reason Of Physical Disability
5000.17 Administrative Stand-down
P5355.1 Sop For Substance Abuse Control
6100.6 (CH-1) Physical Fitness
6100.10 Weight Control
6200.5 Prevention Of Heat Casualties
6220.1 Management Of Personnel Identified as HIV Positive

Base Orders (bO) (most Recent)

1300.9 Overseas Screening
6150.1 Custody and Maintenance Of Health/dental Records
6260.8 Respiratory Protection Program
6260.9 Occupational Health Program
6320.5 Non-naval Medical/dental Care
6530.1 Volunteer Whole Blood Donor Program
11100.1 Area Commanders

Others

Current NHCP Supply Catalog
NHCP Supply SOP

APPENDIX 1-4: MEPRS MAN HOUR REPORTING (EXAMPLE ONLY)

MEPRS MANHOUR REPORTING

Reporting Period: 26DEC00 - 25JAN01 **SSN:**

Name: **Skills Type:**_____

Rank:

	T 26	W 27	R 28	F 29	S 30	U 31	M 1	T 2	W 3	R 4	F 5	S 6	U 7	M 8	T 9	W 10	R 11	F 12	S 13	U 14	M 15	T 16	W 17	R 18	F 19	S 20	U 21	M 22	T 23	W 24	R 25	
CAT I - OPERATIONAL SUPPORT																																
Support to Other Activities																																0
Marine Exercises IN/OUT CONUS																																0
CRUCIBLE 08E400M																																0
CAT II - MILITARY MEDICAL UNIQUE																																
Military Blood Program																																0
PRT Testing & Training 01K180M																																0
Readiness Training & Planning 01K180M																																0
Readiness CME 01K170M																																0
Non-Readiness CME 270000																																0
GME (Physicians Only)																																0
Fleet Hospital 01K190M																																0
CAT III - BENEFICIARY CARE																																
Family Practice Department 03d000m																																0
Family Practice Inpatient																																0
Family Practice OB																																0
Family Practice Duty FPW																																0
Internal Medicine/NHCP																																0
Family Practic Duty L&D																																0
OB/GYN / NHCP																																0
Clinic Admin Time (Providers Only) 08A100M																																0
Physical Exams																																0
EKG'S 08A150M																																0
Occupational Health/Audiograms 08A160M																																0
Pharmacy 08A120M																																0
Laboratory 08A110M																																0
Radiology 08A130M																																0
Immunizations 08A170M																																0
Admin Time (HQs, DHs, CPO, and Admin St 08A000M																																0
Non-Patient Transportation (Duty Driver) 08A250M																																0
Health Records 08A195M																																0
Patient Transporation 08A200M																																0
Other Workcenter																																0
Military Training/Non-Available Time																																

APPENDIX 1-5: DEFICIENCY/DISCREPANCIES REPORT

Headquarters, Branch Medical Clinics
Naval Hospital Camp Pendleton
Box 555191
Camp Pendleton, CA 92055-5191

Date:

Deficiency/Discrepancies Report

Problem Identification	Action Completed	Action Pending

2 TRAINING

2.1 CLINIC MEDICAL TRAINING

2.1.1 The goal of medical training is to support the primary mission of the Naval Hospital, Marine Corps Base, Camp Pendleton.

2.2 RESPONSIBILITIES

2.2.1 The Department Head, Leading Chief Petty Officer, individual Training Petty Officers (TPO) are responsible for ensuring all training requirements are accomplished. They are also responsible to assign clinic personnel to courses. Request for seats are routed through the clinic chain of command to the department offering the training.

2.2.2 It is recommended that TPO's are staff members, HM2 and above (as staffing allows).

2.2.3 Bi-annual training will be conducted for TPOs during the TAVs (Spring/Fall).

2.2.4 TPOs will coordinate necessary drills, medical in-service, and general military training as directed by this SOP and other higher directives. Basic guidelines are set forth in the MANMED, Navy Enlisted Manpower and Personnel Classifications and Occupational Standards (Military Requirements and HN & HM Occupational Standards).

2.2.5 Training Petty Officers will prepare a long-range training program based on a 12-month cycle utilizing the sample from **Appendix 2-1** of this section. (Quarterly or 6 month schedule also acceptable). If unforeseen events necessitate cancellation of the class/lecture, re-schedule the instruction period for a more opportune time. Plans should be reviewed monthly and appropriately updated. Keep training calendars on file in the ABMC.

2.2.6 Maintain the following references and files:

- 2.2.6.1 Training Manual
- 2.2.6.2 Quest for Quality (training guide from Education & Training Department, NHCP, Ward 8N)
- 2.2.6.3 HM Basic Skills Manual
- 2.2.6.4 Training Rosters
- 2.2.6.5 Branch Medical Clinic Training Data Base
- 2.2.6.6 Training Schedule (calendar)
- 2.2.6.7 Age-specific Training
- 2.2.6.8 Pain Competency
- 2.2.6.9 Core Competency for nurses

2.2.7 Maintain the following table of contents for the clinic Training Manual:

- 2.2.7.1 BMC SOP Training, Chapter 2
- 2.2.7.2 Instructions
- 2.2.7.3 Department Orientation
- 2.2.7.4 Field Training
  - 2.2.7.4.1 Medical Support
  - 2.2.7.4.2 Sickcall Screener's Course
  - 2.2.7.4.3 Company Corpsman Program
- 2.2.7.5 Training Database
- 2.2.7.6 Report Summary for Training Verification

2.2.7.7 General Military Training
2.2.7.8 Training Reference List (videos, books, etc.)
2.2.7.9 Training Desktop Turnover
2.2.7.10 Important Numbers and Points of Contact
2.2.7.11 NHCP Training Applications
2.2.7.12 Clinic Specific Information (including job specific training)
2.2.7.13 Technical Assist Visits
2.2.7.14 This manual will be reviewed and updated **annually**.

2.2.8 **Appendix 2-2** outlines TPO job responsibilities and command training scheduling guidelines.

2.3 DOCUMENTATION OF TRAINING

2.3.1 In-service Training Report (**Appendix 2-3**). IDENTIFY TRAINING AS GMT, MEDICAL INSERVICE, OR SAFETY. Originals of the report will be kept in a binder in the ABMC.

2.3.2 Training Attendance Roster (**Appendix 2-4**).

2.3.3 Medical In-service Training sheets (**Appendix 2-5**).

2.3.4 General Military Training sheets (**Appendix 2-6**).

2.3.5 Note: The individual will sign the Training Attendance Roster when attending a class, and the appropriate information will be recorded in the Individual Training Record (ITR) on the Medical In-service or General Military Training sheets.

2.4 PERSONNEL TRAINING RECORD

2.4.1 Training records will be maintained by the clinic TPO on **ALL** staff. Recommended organization of Training Folder per NAVHOSPCAMPENINST 1500.2:

2.4.2 INDIVIDUAL TRAINING RECORD FORMAT (**Appendix 2-7**).

2.4.2.1 **SECTION 1**.
2.4.2.1.1 Table of Contents
2.4.2.1.2 Training Summary (Optional)
2.4.2.1.3 Privacy Act Statements
2.4.2.1.4 Position Description (PD)

2.4.2.2 **SECTION 2**.
2.4.2.2.1 Command Competence
2.4.2.2.2 Standard Personnel Management System (SPMS) Printout
2.4.2.2.3 Department Orientation
2.4.2.2.4 Department Competence/Age Specific Competence

2.4.2.3 **SECTION 3**.
2.4.2.3.1 In-service Training
2.4.2.3.2 Continuing Education
2.4.2.3.3 Military Training
2.4.2.3.4 Certificates
2.4.2.3.5 General Military Training

2.4.2.4 All training entries and dates are to be completed promptly, legibly and in black ink or pencil where applicable.

2.4.3 The following are forms that should be included in all staff personnel training records:

2.4.3.1 Privacy Act Statement (signed) (**Appendix 2-8**).

2.4.3.2 Documentation to support required annual update, command training, and command orientation

2.4.3.3 Hospital Corpsman Skills (Basic) Program or equivalent
2.4.3.4 Life-Safety checklist
2.4.3.5 BMC Orientation Overview
2.4.3.6 Treatment Room Skills
2.4.3.7 Immunization Certification
2.4.3.8 OJT Training
2.4.3.9 Sickcall Screener's Certificate
2.4.3.10 Documentation of all other certification and qualification programs completed
2.4.3.11 Medical In-service Training sheet
2.4.3.12 General Military Training sheet
2.4.3.13 CPR Certification
2.4.3.14 All current EMT information for non-dedicated crew staff may also remain in the ITR. Training Records for dedicated crew EMTs will be maintained in the Emergency Medical Department.
2.4.3.15 **Guidelines**: Records should be maintained in an organized and consistent manner for ease of use, location of materials, and to facilitate a smooth TAV process.

2.5 MEDICAL DEPARTMENT PERSONNEL TRAINING

2.5.1 The following Medical Department personnel qualification standards as described in this paragraph shall be completed.

2.5.2 Hospital Corpsman.

2.5.2.1 Hospital Corpsmen Skills Basic (HMSB) Program. Training will be performed in accordance with NHAVHOSPCAMPENINST 1500.3 and documented on **Appendix 2-9, 2-10, 2-11. 2-12, and 2-13**. **For the Branch Medical Clinics, all corpsmen (excluding Independent Duty Corpsmen) who perform any of the 5 basic skills *or supervise* staff performing the skills must also complete training and skill worksheets, regardless of rank**. Evaluation of skills must be ongoing and status of performance documented in the corpsmen evaluation annually.

2.5.2.2 CPR Certification.

2.5.3 The Department Head or the Leading Chief Petty Officer will ensure re-certification is every 2 years and that at least 2 persons, per clinic will be trained in:

2.5.3.1 X-ray (OJT)
2.5.3.2 Lab (OJT)
2.5.3.3 Pharmacy (OJT)
2.5.3.4 Preventive Medicine Representative/Sexually Transmitted Disease Interviewer
2.5.3.5 Audiology
2.5.3.6 CPR Instructor
2.5.3.7 Immunization Certification

2.5.4 Enlisted Medical In-service Training.

2.5.4.1 Ensure class is taught **at least once per week** in accordance with NAVHOSPCAMPENINST 1510.1G.

2.5.5 General Military Training (GMT) Requirements.

2.5.5.1 Ensure required training is taught to all members bi-annual per OPNAVINST 1500.2. **At least two classes should be taught per month**.

2.5.5.2 Current GMT information can be obtained from the following sources:

2.5.5.2.1 Friday Facts: www-nehc.med.navy.mil/hp/index.htm

2.5.5.2.2 GMT: The web address for the GMT Material is: http://www.cnet.navy.mil/gmt.html. To request the CD-ROM and other material, e-mail the program manager at barry.hoag@cnet.navy.mil. Include your mailing address and your UIC.

2.5.5.3 Safety Training. A five-minute safety lecture will be conducted for all staff on a **semi-monthly** basis.

2.6 DRILL ROSTER

2.6.1 The Leading Chief Petty Officer, TPO, and safety petty officers are responsible for assuring that quarterly drills are held and documented appropriately.

2.6.2 BLS Drill (**Appendices 2-14**).

2.6.3 Fire Drill (**Appendix 2-15**).

2.7 INDEPENDENT DUTY CORPSMAN CERTIFICATION

2.7.1 The IDC Program Manager will maintain certification folders on all IDC's stationed at Naval Hospital, Camp Pendleton. The program will be administered in accordance with OPNAVINST 6400.4A.

2.8 SPMS

2.8.1 Use of SPMS Sheets. SPMS Sheets can be inserted into the ITR to document training. Separate Command/Annual Training completed from monthly training classes or code them so they are easily identified on SPMS sheets or other training record forms.

2.9 TRAINING PETTY OFFICERS

2.9.1 TPOs in off-base clinics must send copies of Training Rosters to the Education & Training Department, Naval Hospital, Camp Pendleton on Command Training completed (e.g.: Annual Training: Fire, Safety, Infection Control). Also send copies of completed training calendars to Education & Training Department, Naval Hospital, Camp Pendleton and Headquarters, Branch Medical Clinics.

2.10 STAFFING PLANNING/TRAINING DATABASE

2.10.1 A clinic training database will be maintained by the TPO in individual clinics.

2.11 ORIENTATION

2.11.1 Each clinic will ensure all staff receive a complete orientation. Orientation should follow the general process outlined in **Appendix 2-16**. The orientation period is approximately 6 weeks. The length of orientation can be adjusted according to the staff member's needs and experience. Each orientee will be assigned a preceptor who will be designated in writing and will work closely with them during orientation and provide feedback regarding progress. This program consists of two parts. **Part 1** is the command level orientation and Welcome Aboard. **Part 2** is the directorate and department orientation that consists of entry level information for all new staff members: life-safety checklist (**Appendix 2-17**), orientation overview (**Appendix 2-18**), job-specific, age-specific and pain assessment training.

2.11.2 Treatment Room Skills. Include training for the following skills:

2.11.2.1 Blister Care (**Appendix 2-19**).

2.11.2.2 Ingrown Toenails (**Appendix 2-20**).

2.11.2.3 Nebulizer Therapy (**Appendix 2-21**).

2.11.2.4 Wart Treatments (**Appendix 2-22**).

2.11.2.5 Triage Process (**Appendix 2-23**).
2.11.2.6 Suture and Staple Removal (**Appendix 2-24**).
2.11.2.7 Cane and Crutch Walking (**Appendix 2-25**).
2.11.2.8 EKG (**Appendix 2-26**).

2.12 SICK CALL SCREENERS PROGRAM

2.12.1 The roles and responsibilities for the Sick Call Screener's Program are outlined in NAVHOSPCAMPENINST 1500.4. Training documentation for designated Sick Call is referenced in **Appendices 2-27, 2-28, 2-29, and 2-30**.

2.12.2 Sick Call Screener documentation will include the following:
2.12.2.1 Screener's Certificate of training.
2.12.2.2 The qualification service record entry (page 13).
2.12.2.3 Screener Medical Record Review/Training Worksheet (**Appendices 2-28 and 2-29**).
2.12.2.4 Clinical Checklist (**Appendix 2-30**).
2.12.2.5 Initial training: 20 records within 90 days of training.
2.12.2.6 On-going training: per quarter documentation of 10 records and at least 12 hours of medical in-service training on the competency worksheet.

2.13 FIELD TRAINING

2.13.1 Field medical services training will be conducted in accordance with each clinic's Field SOP.

2.13.2 All staff providing field medical care will complete the following training:
2.13.2.1 NHCP HM Skills (Basic) Program.
2.13.2.2 BMC Sickcall Screener's Course.
2.13.2.3 Field Medical Support PQS.
2.13.2.4 Clinic Company Corpsman Program (if applicable).

APPENDIX 2-1: BMC TRAINING SCHEDULE (EXAMPLE ONLY)

November 2000

BMC Training Calendar

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
			1	2	3	4
5	6 Heat Injuries HN Oh	7	8	9	10	11
12	13 Core Values HM3 Pouliotte	14	15	16 Facial Trauma- HM2 Pullum	17	18
19	20 Crash Cart – HM2 Tran	21	22	23 Thanksgiving Day	24	25
26	27	28	29	30 Airway Managing – HM3 Parker		

APPENDIX 2-2: JOB DESCRIPTION – TRAINING PETTY OFFICER (TPO) AND COMMAND TRAINING SCHEDULE GUIDELINES

RESPONSIBILITIES OF THE TRAINING PETTY OFFICER:

- Be familiar with BMC SOP Training Chapter 2 as well as other higher level instructions related to staff education and training.
- Collaborate with BMC Headquarters staff to address training issues.
- Prepare and maintain individual training records on all clinic personnel using BMC SOP guidelines. Maintain Life-Safety Checklist, BMC Orientation Overview, copy of BLS certification and applicable orientation sheet on contract and military physicians.
- Nominate clinic personnel for courses of instruction to fulfill training requirements and maintain personnel qualification standards.
    - Coordinate scheduling with the Department Head and the Leading Chief Petty Officer.
    - Submit nomination memorandums prior to deadlines and include the following information: Course title, Course dates, Nominees name, SSN, rank, phone extension, and Clinic POC.
    - Ensure nominees receive pre-course packets if indicated. (See guidelines provided).
- Prepare a long-range training program for General Military Training (GMT), Enlisted Medical In-service Training, and Safety Training. (Flexibility will be allowed for quarterly and six-month training schedule projections).
    - Assess personnel training needs in conjunction with the Department Head and the Leading Chief Petty Officer.
    - Identify type and nature of care offered and plan training to maximize resources and ensure the highest quality of care.
    - Incorporate findings of Quality Assurance and Performance Improvement activities.
    - Review program calendar quarterly and update when indicated.
    - Ensure the completion and documentation of drills, GMT, and Medical In-service Training. Drills and classes may be conducted by the TPO or delegated to other qualified personnel.
    - Ensure the completion and documentation of orientation (including command, directorate, and department required training) by all clinic personnel (civilian and military).
    - Ensure the completion and documentation of qualification programs (i.e. Basic Skills, EMT/EVO, Immunizations, sickcall Screeners Course).
    - Prepare for Training Technical Assist Visits (TAV).
    - Prior to visit, review TAV checklist to ensure training program on line.
    - On day of visit, have all training documents (files and records) readily available. Be available for questions, comments and debriefing.

AUDIOMETRIC TECHNICIAN TRAINING

- Course Description: This 4-day program is offered quarterly by the Hearing Conservation Department. Participants become certified in administering hearing exams, fitting personnel with hearing protection, and counseling individuals with hearing deficits. The program includes both didactic sessions and clinical practicums. Each participant must perform hearing tests under the supervision by department staff.
- Course Guidelines:
    - Due to the amount of material presented and homework requirements, students should not be scheduled for other duties during the course.
    - Attendance is mandatory for all classes. Absenteeism will result in disenrollment.

  - The class is limited to 16 students.
  - Nominees for the course should be assigned to perform hearing tests in the clinic and should have 6 months to one (1) year left at the command.
- POC: For training is Peggy Westbrook at 725-1637.
- Scheduling Guidelines:
  - Course dates are published in Education & Training's Quest for Quality.
  - To ensure billet availability, nominations are due at least one month in advance. The course fills up quickly.
  - Schedule nominees directly through Hearing Conservation Department via phone call.
  - If issues arise, Headquarters will assist you in resolving these issues.
- Re-certification: Re-certification is required every three years, a re-certification course of 2-3 days is scheduled periodically. Contact Peggy Westbrook for further information.
- Training Record Requirements: Enter certification completion and expiration date in the training database. Maintain copy of certification in the individual training record.

ACLS PROVIDER COURSE

- Course Description: This 2.5-day course is sanctioned by the American Heart Association. It is designed to provide health care practitioners with the necessary knowledge base to manage cardiac arrest victims, both in the field and hospital setting. Topics are presented in didactic sessions as well as clinical practicum skills stations.
- POC: Education & Training Department at NHCP, 8N at 725-1408/1591/1592.
- Scheduling Guidelines:
  - Course dates are published in Education & Training's Quest for Quality.
  - Schedule nominees directly through Education & Training via phone call.
  - Course materials will be sent to each nominee from Education & Training approximately four weeks prior to the course to allow ample time for preparation.
  - Nominees must come prepared to the course by studying the class materials.
  - A one-day Pre-ACLS Course is available through Education &Training.
  - This course is highly recommended for corpsmen.
  - Call Education & Training for more information.
- Re-certification: Required every two years.
- Training Record Requirements: Enter expiration date in the training database. Maintain copy of card in the individual training record.

BLS C COURSE

- Course Description: This four hour course is designed for the healthcare professional and includes adult one and two man rescue, obstructed airway in the adult, child one and two man rescue, obstructed airway in the child, infant rescue, and infant obstructed airway.
- POC: Education & Training Department at NHCP, 8N, at 725-1408/1591/1592.
- Scheduling Guidelines:
  - Course dates are published in Education & Training's Quest for Quality. Schedule nominees directly through Education & Training via phone call. Education & Training has study guides available. Instruct nominees to check out a study guide prior to the course.
- Re-certification: Required every two years.
- Training Record Requirements: Enter expiration date in the training database. Maintain copy of card in the individual training record.

BLS INSTRUCTOR COURSE

- Course Description: This 2.5-day course consists of didactic instruction and clinical practicums. After the course, instructor candidates must arrange to teach the BLS Course B or BLS Course C programs within 45 days of completing the BLS Instructor Course. Instructor candidates must be BLS C certified and have a written recommendation from a BLS instructor.
- POC: Education & Training Department at NHCP, 8N at 725-1408/5191/5192.
- Scheduling Guidelines:
  - Course dates are published in Education & Training's Quest for Quality.
  - Schedule nominees directly through Education & Training via phone call.
  - Course materials will be sent to each nominee from Education & Training.
  - Nominees must come prepared to the course by studying the class materials.
- Re-certification: Required every two years.
- Training Record Requirements: Enter expiration date in the training database. Maintain copy of card in the individual training record.

BLS DRILLS

- Drill Description: Drills are held to evaluate clinic personnel's response to cardiac emergencies, identify trends in performance, and provide hands-on practice using the crash cart and emergency equipment.
- POC: Senior Medical Officer, Headquarters 725-6346/47
- Drill Guidelines:
  - Drills are to be held quarterly (monthly recommended).
  - Use BCLS Drill Worksheet to document performance.
  - Keep original BCLS Drill sheets on file to be reviewed during the training TAV.
  - All clinics will maintain drill worksheets on file in the clinic Performance Improvement Binder.

EMT COURSE

- Course Description: This 119-hour course is based on the Department of Transportation's Emergency Medical Technician, National Standard Curriculum and is approved by HSETC, the National Registry, and San Diego County. At the conclusion of the course, students will take the National Registry EMT examination. The last week of class includes the EVO course.
- POC: Education & Training Department, 8N at 725-1408/1591/1592.
- Scheduling Guidelines:
  - Course dates and nomination deadlines are published in Education & Training's Quest for Quality.
  - Each Clinic (13, 21, 31 and 52) has two billets available.
  - Outlying clinics Bridgeport, Barstow and Yuma each have two seats and Bridgeport has one seat.
  - The BAS at WFTBN, MCT and the Brig each have one billet.
  - Nominees must possess a current CPR card.
  - Schedule nominees via memorandum to Ambulance Service Coordinator prior to nomination deadline.
  - Course materials will be sent to each nominee from Education & Training.
  - Ensure that nominees complete pre-course paperwork and submit as instructed.
  - Encourage nominees to start studying early. Use available EMT references in the clinic.
  - Encourage EMTs to prepare nominees through questions, demonstrations, ride-along, etc.
- Re-certification: Re-certification is required every two years. You must attend refresher course within that two year period, have at least 48 hours of continuing medical education (CME), and possess a current CPR card. (Provider Level "C"). Education & Training offers an EMT Refresher Course.

- Training Record Requirements: Enter certification completion and expiration dates in the training database. Maintain copy of certification in the individual training record.

EMT REFRESHER/CME COURSE

- Course Description: This course provides one week of EMT Refresher (mandatory for re-certification). The National Registry also requires at least 48 hours of CME.
- POC: Education & Training at NHCP, 8N at 725-1408/1591/1592.
- Scheduling Guidelines
  - Course dates are published by Education & Training.
  - Schedule nominees via memo to Ambulance Service Coordinator (on-base clinics) and Chain of Command (off-base) clinics.
  - CME Training should be planned into the monthly BMC training calendar at the clinic level. At least two hours training monthly.
  - Classes can be taught by any clinic staff member or guest speaker.
- Training Record Requirements: Enter expiration date in the training database. Maintain copy of certification in the individual training record.

EMERGENCY VEHICLE OPERATOR COURSE (EVOC)

- Course Description: This three-day course was designed by the United States Department of Transportation and meets the recommended criteria for Ambulance Emergency vehicle operators. The program enables participants to understand the critical importance of operating an emergency vehicle in a safe and sound manner. In addition to actual driving time for skills practicum, the didactic sessions include legal issues, selecting routes, reporting guidelines, operator's responsibilities, inspection and maintenance, and physical forces involved in driving an ambulance.
- POC: Education & Training Department at NHCP, 8N at 725-1408/1591/1592.
- Scheduling Guidelines
  - The EVOC is included in the four week EMT Course. Course dates are published in Education & Training's Quest for Quality. Nominees must complete prerequisites prior to attending the course. Schedule nominees directly through Education & Training via phone call.
- Re-certification: Required every three years.
- Training Record Requirements: Enter certification completion date in the training database. Maintain copy of EVO license in the individual training record.

IMMUNIZATION QUALIFICATION PROGRAM

- Course Description: This is a two-part program: (1) Attendance and successful completion of the Immunization Course presented by Staff Education and Training Department and (2) 1-2 days of practical experience with the completion of the Skills Inventory.
- POC: Contact NHCP Education and Training, 8N at 725-1408/1591/1592.
- Course Guidelines:
  - Schedule nominees to attend the Immunization Course. Call NHCP Education/Training, 725-1408.
  - Provide nominees with an Immunization Clinic Study Guide and Immunization Clinic Skills Inventory obtained from NHCP Education and Training. Instruct nominees to study prior to the course. Nominees must bring both the Study Guide and Skills Inventory to class.
  - Nominees attend Immunization Course and successfully complete written examination.
  - Department Head/TPO to schedule practical experience under the direct supervision of a qualified preceptor (ie. immunization qualified corpsman, nurse).

  - Preceptor initials and dates each line of the Skills Inventory following successful demonstration of knowledge and skills by nominees. Copy of the Skills Inventory will be forwarded to NHCP Education/Training for review and submission to Ed/Training for entry in SPMS.
  - Nominees to receive certificate of completion.
- Training Record Requirements: TPO enters certification completion date in the training database and maintains copy of certification in the individual training record.

LABORATORY OJT COURSE

- Course Description: This four-week course acquaints and qualifies the general duty corpsman in basic laboratory procedures and techniques in order to perform independently in a Branch Medical Clinic. The course combines didactic training and practical experience in the lab. To obtain OJT certification, the student must successfully pass written and practical examinations.
- POC: BMC Laboratory Coordinator
- Scheduling Guidelines: Course dates are announced at the bi-monthly DBMC meetings and published in the minutes. The course is limited to four students. Schedule nominees via memorandum to the BMC Lab Coordinator at least two weeks prior to the course. Nominees will be contacted once accepted into the course.
- Re-certification: Refresher training is required annually and a two to three day course is scheduled periodically.
- Training Record Requirements: Enter date of qualification in the training database and a copy of Laboratory OJT Certificate in the individual training record.

PHARMACY OJT COURSE

- Course Description: This two-week course acquaints and qualifies the general duty corpsman in basic pharmacy procedures and techniques in order to perform independently in a Branch Medical Clinic.
- POC: BMC Pharmacy Coordinator
- Scheduling Guidelines:
  - Course dates are announced at the bi-monthly DBMC meetings and published in the minutes.
  - The course is limited to four students.
  - A minimum of two nominees is required.
  - Schedule nominees via memorandum to the BMC Pharmacy Coordinator at least two weeks prior to the course.
  - Nominees will be contacted once accepted into the course.
- Re-certification: Refresher training is required annually and a one-day course is scheduled periodically.
- Training Record Requirements: Enter date of qualification in the training database and a copy of Pharmacy OJT Certificate in the individual training record.

RADIOLOGY (X-RAY) OJT COURSE

- Course Description: This four week course acquaints and qualifies the general duty corpsman in basic radiological procedures and techniques in order to perform independently in a Branch Medical Clinic. The OJT student will learn to operate various x-ray equipment, position patients, set proper exposure factors, perform and process films, and complete associated paperwork.
- POC: BMC Radiology Coordinator
- Scheduling Guidelines:
  - Course dates are announced at the bi-monthly DBMC meetings and published in the minutes.
  - The course is limited to four students.

  - Nominee priority is determined at Headquarters. Schedule nominees via memorandum to the BMC Radiology Coordinator at least 3-4 weeks prior to the course. Nominees will be contacted by to arrange for an interview and health record review.
  - Nominees will be contacted once accepted into the course.
  - Advanced X-ray School: Basic OJT and 60 days of additional training at NHCP is required for recommendation. If working as a x-ray OJT, the additional training may be waived if quality of work is acceptable.
- Training Record Requirements: Enter date of qualification in the training database and a copy of Radiology OJT Certificate in the individual training record.

HM SKILLS (BASIC) PROGRAM

- The five skills are:
  - (1) Medication Administration/2 days
  - (2) Intravenous Therapy/1 day
  - (3) Venipuncture/4 hours
  - (4) Suturing/4 hours
  - (5) Physical Assessment/4 hours.
- Course Description: The courses are designed to assist corpsmen to develop the knowledge and skills required to safely provide patient care in each of the five clinical areas. Each class covers lecture material (skills module), skill practice and testing. The student is required to pass a written examination, and demonstrate proficiency under the supervision of a provider or certified personnel.
- POC: Education & Training Department at NHCP, 8N at 725-1408/1591/1592.
- Scheduling Guidelines:
  - Required for all new graduates of HM "A" school and all 0000/8404, E-4 and below. Specific requirements for newly reporting staff with previous experience are outlined in NAVHOSPCAMPENINST 1500.3. Note: For the BMCs, all non-provider staff performing or supervising these skills will have this training documented regardless of rate/rank.
- Training Record Requirements:
  - Submit completed performance worksheets to TPO and maintain a copy in the individual training record.
  - Enter certification completion in the training database.
  - Maintain copy of certification in the individual training record.

PREVENTIVE MEDICINE REPRESENTATIVE/STD INTERVIEWER'S COURSE (PMR/STD)

- Course Description: This one-week course acquaints and qualifies the general duty corpsman in basic preventive medicine/STD interviewing and management procedures and techniques in order to perform in a Branch Medical Clinic setting. Class is offered two times per year. TPOs schedule this class directly.
- POC: Preventive Medicine Department, 33 Area 725-9880/7881.
- Scheduling Guidelines:
  - Contact Preventive Medicine Department for dates of course.
  - The course is limited to 12 students.
  - Schedule nominees directly via phone call.
  - Nominees are accepted on a “first come, first serve” basis.
- Training Record Requirements: Enter date of course completion in the training database and maintain copy of certificate in the individual training record.

SICKCALL SCREENER'S COURSE

- Course Description: This program was designed for hospital corpsmen who are involved in evaluating patients in a military sickcall setting. The corpsmen learn history taking, physical exam techniques, pharmacology, and protocols for the most common patient complaints seen in military sickcall. The training program is multi-tiered with 3 phases. **Phase I** is a 5-day course of instruction. **Phase II** is the student preceptorship which takes places over a 90-day period. The corpsman must complete an oral board at the end of this phase. **Phase III** occurs after designation as a command sickcall corpsman. Documentation of ten patient encounters and 12 hours of in-service training is required quarterly.
- POC: BMC Program Coordinator
- Scheduling Guidelines:
  - Course dates are announced at the bi-monthly DBMC meetings and published in the minutes.
  - Schedule nominees directly through the program coordinator.
- Training Record Requirements: Enter date of course completion in the training database and maintain copy of certificate, clinical checklist, and competency worksheet in the individual training record.

COVEY LEADERSHIP COURSE

- Course Description: The three-day course presents a holistic, integrated, principle centered approach to solving personal and professional problems. The course presents Dr. Stephen Covey's step-by-step pathway for living with fairness, integrity, honesty, and human dignity. The 7-Habits's identify principles that give the security to adapt to change, and the wisdom and power to take advantage of the opportunity that create change.
- POC: Education & Training Department at NHCP, 8N, 725-1408/1591/1592.
- Scheduling Guidelines:
  - Course dates are published via e-mail (typically at quarterly intervals).
  - Schedule nominees directly through Education & Training.
- Training Record Requirements: Enter date of course completion in the training database and maintain copy of certificate in the individual training record.

WELCOME ABOARD/NAVY RIGHTS & RESPONSIBILITIES

- POC: Education & Training Department, 8N, at 725-1408, 1591/1592.
- Scheduling Guidelines:
  - Course description and dates are published in Education & Training's Quest for Quality.
  - All newly reported personnel are to attend the Welcome Aboard Seminar and NR&R (military only) within 30 days of reporting to the command.
- Training Record Requirements: Enter date of course completion in the training database. Maintain copy of certificate in the individual training record.

WART TREATMENT TRAINING

- Course Description: The training is a part of the BMC treatment room skills and is designed to assist staff in developing the knowledge and skills required to safely perform wart treatments. See the BMC Wart Treatment Clinical Guideline for specific information. Corpsmen who are treating warts must be under the supervision of a credentialed provider.
- Course Guidelines: The student is required to pass a written examination, and demonstrate proficiency under the supervision of a provider or certified personnel.
- Scheduling Guidelines: This is a two-part program: (1) Attendance and successful completion of the 1/2 day training presented by the Branch Medical Clinics and (2) 1-2 days of practical experience with the completion of the Skills Inventory.

- POC: Branch Medical Clinics, Headquarters Staff.
- Training Record Requirements: Enter date of training completion in the training database. Skill performance worksheet will be placed in the individual training record.

OTHER GENERAL EDUCATION COURSES/TRAINING:

- Courses:
  - AWARE/ADAMS
  - Customer Relations
  - Annual Update Training
- POC: Education & Training Department, 8N, at 725-1408, 1591/1592.
- Scheduling Guidelines: Course description, personnel targeted, and dates are published in Education & Training's Quest for Quality.
- Training Record Requirements: Enter date of course completion in the training database. Maintain copy of certificate in the individual training record.

APPENDIX 2-3: IN-SERVICE TRAINING REPORT

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

IN-SERVICE TRAINING REPORT

INSTRUCTIONS:	1	Minimum of two people in attendance.				
	2	Provide the class information requested.				
	3	Return completed form to Training Petty Officer (TPO).				
	4	TPO: Record pertinent information in the individual training records (or SPMS if applicable) and file this report in the in-service training binder.				
BRANCH CLINIC:	**Date:**	**Time:**				
Name of Instructor (s):						
Subject / Title:						
Objectives:						
Class Summary:						
Is class related to QI activities?	**Y**	**N**	**Is class an outcome of a problem / incident?**		**Y**	**N**
Circle appropriate training: EMT / CME ____ hours GMT Medical In-service Safety Training						
Instructor (s) Signature:			**Rate/Rank:**		**# Attended:**	

APPENDIX 2-4: TRAINING ATTENDANCE ROSTER

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

TRAINING ATTENDANCE ROSTER

SUBJECT: _____ PRESENTED BY: _____

METHOD OF PRESENTATION: _____ LENGTH OF TRAINING: _____

LAST NAME, FIRST, MI	GRADE / RANK	SSN	SIGNATURE
1.			
2.			
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APPENDIX 2-5: MEDICAL IN-SERVICE TRAINING

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

MEDICAL IN-SERVICE TRAINING

NAME: _____ SSN: _____

RATE / RANK: _____

SUBJECT	INSTRUCTOR	DATE	*ANNUAL*	ENTRY BY

APPENDIX 2-6: GMT TRAINING ROSTER

GENERAL MILITARY TRAINING

NAME:________________________________ SSN:______________________________

RATE / RANK:_________________________

SUBJECT	INSTRUCTOR	DATE	*ANNUAL*	ENTRY BY

APPENDIX 2-7: INDIVIDUAL TRAINING RECORD FORMAT

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

STAFF COMPETENCEY ASSESMENT
INDIVIDUAL TRAINING RECORD
TABLE OF CONTENTS

Section One – Left Side

- Table of Contents
- Training Summary (Optional)

Section One – Right Side

- Privacy Act Statement for Education and Training Records
- Position Description (PD)

Section Two – Left Side

- Standard Personnel Management System
- Command Competencies

Section Two – Right Side

- Departmental Orientation
- Departmental Competencies
- Privileged Providers Only (See Professional Affairs File)

Section Three – Left Side

- Inservice Training
- Continuing Education Certifications

Section Three – Right Side

- Military Training
- General Military Training

APPENDIX 2-8: PRIVACY ACT STATEMENT

PRIVACY ACT STATEMENT

EDUCATION AND TRAINING RECORDS

The authority to request this information is contained in and required by the PRIVACY ACT OF 1974, PUBLIC LAW 93-579, under the authority of 5 U.S.C.301 DEPARTMENT OF REGULATIONS.

The principle purpose of the information contained in education and training records is to establish and maintain records on all staff personnel relative to continuing education and training accomplishments.

The individual's education and training record is maintained in the pre-designated area and is available to the individual for review and update of information. The record is forwarded with the member upon transfer within the command, from the command, or release from active duty. Failure to provide members with their education and training record(s) may result in tack of proper documentation of education and training accomplishments.

I, the undersigned, have provided the requested information and give permission for that information to be used in requested documentation of my education and training records while attached to Naval Hospital Camp Pendleton.

_____
Signature of Member/Date

_____
Printed: Members name and Rank

APPENDIX 2-9: MEDICATION ADMINISTRATION PERFORMANCE WORKSHEET

NAVAL HOSPITAL CAMP PENDLETON

MEDICATION ADMINISTRATION
PERFORMANCE WORKSHEET

Name:_____ Rank:_____

SSN: _____--_____--_____ Workspace:_____

REQUIREMENT: Demonstrate proficiency, safety and adherence to hospital policies and procedures in performing medication administration, one (1) time, under the supervision of a qualified evaluator. Successfully complete all critical behaviors listed.

Date	Administration of:	Evaluator Name/Rank	Initials
1)____/___/____	Oral Medication		
2)____/___/____	Inhalation Medication		
3)____/___/____	Subcutaneous Medication		
4)____/___/____	Intramuscular Medication		
5)____/___/____	Topical Medication		

Comments:

INDIVIDUAL COMPETENCY STATEMENT

I have completed the training required for medication administration and feel capable of independently performing the skills related to medication administration. I will seek additional training as needed to maintain proficiency.

Signature:_____ Date:_____

Maintain a copy of completed worksheet in your Individual Training Record (ITR). Submit a copy to the Staff Education and Training Department for entry into the SPMS database.

	MEDICATION ADMINISTRATION CRITICAL BEHAVIORS
1.	Observes "Standard Precautions" at all times.
2.	Checks patient identification.
3.	Verifies medication orders.
4.	Checks for allergies.
5.	Calculates drug dosages correctly.
6.	Uses aseptic technique when administering medications.
7.	Provides and documents patient and family teaching of medication purpose and common side effects.
8	Assesses patient response to medication and responds appropriately.
9.	Documents appropriately.

SETD 12/00

APPENDIX 2-10: INTRAVENOUS THERAPY PERFORMANCE WORKSHEET

NAVAL HOSPITAL CAMP PENDLETON

INTRAVENOUS THERAPY
PERFORMANCE WORKSHEET

Name:_____ Rank:_____

SSN: _____--_____--_____ Workspace:_____

REQUIREMENT: Demonstrate proficiency, safety and adherence to hospital policies and procedures in performing intravenous therapy insertion, three (3) times, under the supervision of a qualified evaluator. Successfully complete all critical behaviors listed.

Date	**Evaluator Name/Rank**	**Initials**
1)____/___/_____		
2)____/___/_____		
3)____/___/_____		

Comments:

INDIVIDUAL COMPETENCY STATEMENT

I have completed the training required for intravenous therapy and insertion and feel capable of independently performing the skills related to intravenous therapy and insertion. I will seek additional training as needed to maintain proficiency.

Signature:_____ Date:_____

Maintain a copy of completed worksheet in your Individual Training Record (ITR). Submit a copy to the Staff Education and Training Department for entry into the SPMS database.

	INTRAVENOUS THERAPY **CRITICAL BEHAVIORS**
1.	Observes "Standard Precautions" at all times.
2.	Checks patient identification.
3.	Verifies allergies.
4.	Correctly calculates drip rate.
5.	Uses aseptic technique when initiating or discontinuing IV therapy.
6.	Identifies complications and responds appropriately.
7.	Documents appropriately.

SETD 12/00

APPENDIX 2-11: VENIPUNCTURE PERFORMANCE WORKSHEET

NAVAL HOSPITAL CAMP PENDLETON

VENIPUNCTURE
PERFORMANCE WORKSHEET

Name:_____ Rank:_____

SSN: _____--_____--_____ Workspace:_____

REQUIREMENT: Demonstrate proficiency, safety and adherence to hospital policies and procedures in performing venipuncture, three (3) times, and capillary stick one (1) time, under the supervision of a qualified evaluator. Successfully complete all critical behaviors listed. Successfully complete all behaviors listed.

Date	Site	Evaluator Name/Rank	Initials
1)____/___/____			
2)____/___/____			
3)____/___/____			

Capillary Stick

1)____/___/_____			

Comments:

INDIVIDUAL COMPETENCY STATEMENT

I have completed the training required for venipuncture and feel capable of independently performing the skills related to venipuncture. I will seek additional training as needed to maintain proficiency.

Signature:_____ Date:_____

Maintain a copy of completed worksheet in your Individual Training Record (ITR). Submit a copy to the Staff Education and Training Department for entry into the SPMS database.

VENIPUNCTURE **CRITICAL BEHAVIORS**	
1.	Observes "Standard Precautions" at all times.
2.	Checks patient identification.
3.	Verifies venipuncture order.
4.	Verifies if patient is on anitcoagulant therapy, Antabuse, has an allergy to alcohol, or if patient is fasting.
5.	Uses aseptic technique performing venipuncture.
6.	Utilizes correct blood tube for test ordered.
7.	Labels blood tubes immediately after drawing blood.
8.	Assess patient response to blood draw and responds appropriately.
9.	Documents appropriately.

SETD 12/00

APPENDIX 2-12: SUTURE PERFORMANCE WORKSHEET

NAVAL HOSPITAL CAMP PENDLETON

SUTURE
PERFORMANCE WORKSHEET

Name:_____ Rank:_____

SSN: _____--____--_____ Workspace:_____

REQUIREMENT: Demonstrate proficiency, safety and adherence to hospital policies and procedures in performing suturing, two (2) times, under the supervision of a qualified evaluator. Successfully complete all critical behaviors listed.

Date	**Site/Type of Wound**	**Evaluator Name/Rank**	**Initials**
1)____/___/_____			
2)____/____/____			

Comments:

INDIVIDUAL COMPETENCY STATEMENT

I have completed the training required for suture placement and feel capable of independently performing the skills related to suture placement. I will seek additional training as needed to maintain proficiency.

Signature:_____ Date:_____

Maintain a copy of completed worksheet in your Individual Training Record (ITR). Submit a copy to the Staff Education and Training Department for entry into the SPMS database.

SUTURE CRITICAL BEHAVIORS	
1.	Observes "Standard Precautions" at all times.
2.	Checks patient identification.
3.	Verifies orders.
4.	Verifies allergies, including allergy to Betadine or Lidocaine.
5.	Cleans wound utilizing aseptic technique and covers with sterile gauze.
6.	Checks with Physician or appropriate healthcare provider prior to beginning wound closure.
7.	Utilizes sterile technique to close wound.
8.	Identifies complications and responds appropriately.
9.	Provides and documents patient and family teaching on follow-up care.
10.	Documents appropriately.

SETD 12/00

APPENDIX 2-13: PATIENT ASSESSMENT PERFORMANCE WORKSHEET

NAVAL HOSPITAL CAMP PENDLETON

PATIENT ASSESSMENT
PERFORMANCE WORKSHEET

Name:_____ Rank:_____

SSN: _____--____--_____ Workspace:_____

REQUIREMENT: Demonstrate proficiency, safety and adherence to hospital policies and procedures in performing a patient assessment and documentation, two (2) times, under the supervision of a qualified evaluator. Successfully complete all critical behaviors listed.

Date	**Site**	**Evaluator Name/Rank**	**Initials**
1)____/___/____			
2)____/___/____			

Comments:

INDIVIDUAL COMPETENCY STATEMENT

I have completed the training required for patient assessment and documentation and feel capable of independently performing the skills related to patient assessment and documentation. I will seek additional training as needed to maintain proficiency.

Signature:_____ Date:_____

Maintain a copy of completed worksheet in your Individual Training Record (ITR). Submit a copy to the Staff Education and Training Department for entry into the SPMS database.

PATIENT ASSESSMENT **CRITICAL BEHAVIORS**	
1.	Observes "Standard Precautions" at all times.
2.	Checks patient identification.
3.	Verifies allergies.
4.	Obtains accurate vital signs.
5.	Obtains an accurate history of patient condition.
6.	Performs an accurate physical assessment of patient condition.
7.	Demonstrates appropriate care for patient condition.
8.	Provides written or oral assessment of findings to Physician or appropriate healthcare provider.
9.	Documents appropriately.

SETD 12/00

APPENDIX 2-14: CODE DRILL AND WORKSHEETS (4 PAGES)

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

BLS/ACLS DRILL ROSTER FOR 200__

INSTRUCTIONS FOR BLS/ACLS DRILL COORDINATOR

1. Enter in the **DRILL PARTICIPANTS** column the names of all clinic personnel. Indicate when personnel are newly assigned or detached.
2. After each drill, enter the drill date and check off those personnel who participated in the drill.
3. Plan future drills to include those who have been unable to participate in past drills.
4. Minimum of 1 drill to be held quarterly.

DRILL DATES

DRILL PARTICIPANTS											
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											

SETD 12/00

Date / Time / Location:	CPR EMERGENCY REPORT	Recorder (print & sign):
Patient History / History of Event:		Report Reviewed by Team Leader: (print & sign):

Type of Arrest (*circle*): Cardiac Respiratory Trauma CNS

Witnessed? (*circle*) Yes No

TIME:	PERSONNEL RESPONSE:	TIME:	INITIAL RESUSCITATIVE EVENTS:
	Team Leader:		CPR Initiated:
	Anesthesia:		Airway Established: Type:
	MOOD:		IV Established: Site(s):
	NOD:		Size: Type Fluid:
	Resp Therapist:		Initial EKG Rhythm:
	Internist (Adult Arrest):		Initial Vital Signs: BP: HR:
	Pediatrician (Peds Arrest):		RR: Temp:
	Surgeon (Trauma Arrest):		

TIME:	EKG RHYTHM	HEART RATE	VS / BP	TREATMENT DEFIB. (JOULES) DRUGS	EVENTS / REMARKS / RESULTS OF ACTION LABS / BREATH SOUNDS

Addressograph:

ABG Results:

TIME:					
pH:					
pO2:					
pCO2:					
% SAT:					
HCO3					

NHCP May 98 NHCP 6450 / 61

Page 2 of 4

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Mock Code Worksheet

I. Initiation of CODE BLUE:
Time: _____ Staff Member: _____

	YES	NO	N/A
Determines unresponsiveness	___	___	___
Calls for help	___	___	___
Positions victim using hard surface	___	___	___
Opens airway	___	___	___
Determines breathlessness	___	___	___
Ventilates twice	___	___	___
If airway obstructed performs correct maneuver	___	___	___
Heimlich adult			
Heimlich child			
Back blows/chest thrust infant			
Determines pulselessness	___	___	___
Adult/child carotid artery			
Infant brachial artery			
Chest compressions and ventilation Ratios	___	___	___
Adult One man rescue			
Ratio 15:2 Rate 80 – 100/min			
Adult Two man rescue			
Ratio 5:1 Rate 80 – 100/min			
Child One man rescue			
Ratio 5:1 Rate 80 – 100/min			
Child Two man rescue			
Ratio 5:1 Rate 80 – 100/min			
Infant rescue			
Ratio 5-1 Rate minimum of 100			
Reassessment	___	___	___
Adult/Child after 4 cycles			
Infant after 10 cycles			
Initiate two man rescue at earliest convenience	___	___	___

II. Arrival of Second Rescuer:
Time: _____ Staff Member: _____

Verifies need for Code Blue (725-1222)	___	___	___
Brings crash cart to scene	___	___	___

III. Professional Nurse Leadership
Time: _____ Staff Member: _____

Assumes leadership	___	___	___
Verifies correct CPR procedures	___	___	___
Assigns recorder	___	___	___
Assigns runner	___	___	___
Assigns person to crash cart	___	___	___
Assures CPR relief	___	___	___
Assures establishment of IV access	___	___	___
Clears area of extra personnel	___	___	___
Assures personnel assigned to care for other patients	___	___	___

IV. Utilization of Emergency Equipment
Time crash cart arrives:

Places in environment to maintain nl temp (infant/child)	___	___	___
Assembles/utilizes BVM at proper rate	___	___	___
Obtains and utilizes pulse oximetry	___	___	___
Attaches monitor leads	___	___	___
Assembles correct suction equipment	___	___	___
Assembles intubation equipment	___	___	___
Assembles IV equipment and correct solution	___	___	___
First line drugs assembled	___	___	___

V. Physician Leadership
Time: _____ Staff Member: _____

Assumes leadership	___	___	___
Determines need for central lines	___	___	___
Verifies IV	___	___	___
Intubates if necessary	___	___	___
Correctly interprets rhythm	___	___	___
Correct use of defibrillator	___	___	___
Verifies correct ACLS/PALS/NALS Protocols	___	___	___
Followed for:			
Drugs	___	___	___
Fluid management	___	___	___
Airway management	___	___	___
Rhythm management	___	___	___
Defibrillator	___	___	___

VI. Recorder
Name:

Correctly documents on CPR Record			
Drugs	___	___	___
Rhythms	___	___	___
Defibrillator information	___	___	___
IV fluids and sites	___	___	___
ABG's	___	___	___
Airway	___	___	___
Providers	___	___	___
Patient Identification	___	___	___

VII. OOD Personnel

Time call received	___	___	___
Announces CODE BLUE q 15 secs. X 1 min.	___	___	___
Activates Code Beepers	___	___	___

Evaluator(s):

Staff Present:

Comments:

Recommendations:

APPENDIX 2-15: FIRE DRILL

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

FIRE DRILL ROSTER FOR 200__

INSTRUCTIONS FOR FIRE DRILL COORDINATOR

1. Enter in the **DRILL PARTICIPANTS** column the names of all clinic personnel. Indicate when personnel are newly assigned or detached.
2. After each drill, enter the drill date and check off those personnel who participated in the drill.
3. Plan future drills to include those who have been unable to participate in past drills.
4. Minimum of 1 drill to be held quarterly.

DRILL DATES

DRILL PARTICIPANTS											
1.											
2.											
3.											
4.											
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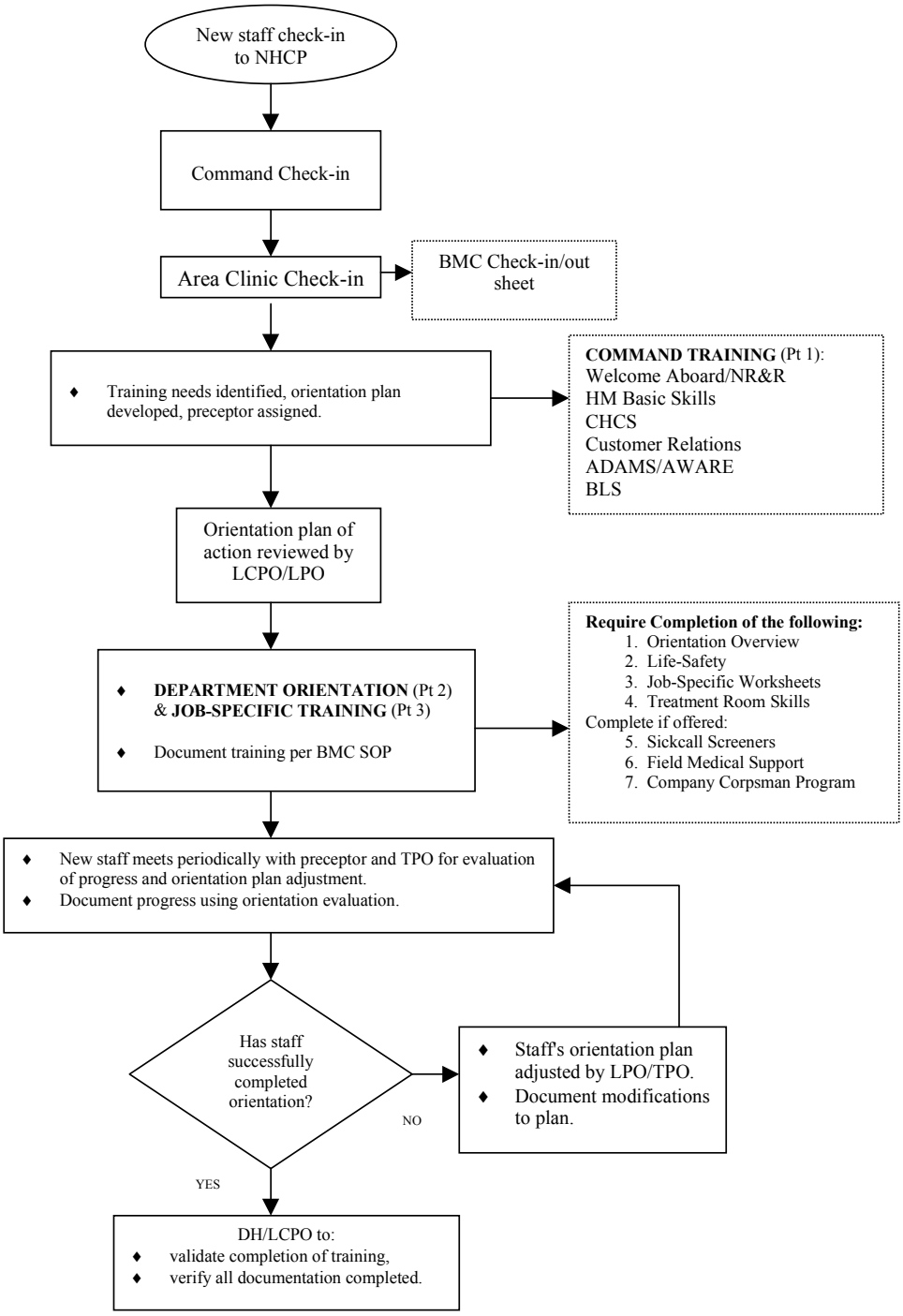
15.											

SETD 12/00

APPENDIX 2-16: ORIENTATION PROCESS

BMC ORIENTATION PROCESS



APPENDIX 2-17: LIFE-SAFETY CHECKLIST

LIFE-SAFETY ORIENTATION
BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

RANK/NAME:

All staff members assigned to the Branch Medical Clinics should complete the General Information Checklist **WITHIN FIVE WORKING DAYS**. Your clinic leadership will explain and/or introduce you the following characteristics and/or people in the clinic. Please initial and date the following items once they have been satisfactorily explained to you.

Report Date: _____ Completion Date: _____

ORIENTATION ITEM/DESCRIPTION	PRECEPTOR'S VERBAL REVIEW DATE/INITIALS	DEMONSTRATED BY ORIENTEE DATE/INITIALS
FIRE BILL/DISASTER PLANS BRIEF		
RESPONSIBILITY OF: Safety Petty Officer		
Location of fire bills and exits		
Evacuation procedures. Review of assignments/ responsibilities: **R A C E** **R** - Rescue patients/visitors from immediate vicinity of the fire (1st staff on scene). **A** - Activate; alarm is activated (2nd staff). **C** - Contain the fire, close all doors (3rd staff). **E** – Extinguish, if possible (4th staff).		
Procedure for reporting a fire (dial 911). Alternate number: 725-3333.		
Procedure for fire drills (fire department)		
Location and types of fire extinguisher/fire alarms		
Recall bill		
Disaster preparedness		
INFECTION CONTROL BRIEF		
RESPONSIBILITY OF: Infection Control Petty Officer		
Clinic Infection Control Rep		
Hospital/Clinic Infection Control Policies/manual		
NHCP Infection Control Nurse: (name)_____		
Cleaning and handling of equipment in the clinics		
Bio-hazardous waste (proper labeling/logging), sharps containers, red bags		
Monthly Checklist		
Designated "precautions" room		
Immunization for staff protection: Tetanus, Heptavax, MMR, TB testing		

ORIENTATION ITEM/DESCRIPTION	PRECEPTOR'S VERBAL REVIEW DATE/INITIALS	DEMONSTRATED BY ORIENTEE DATE/INITIALS
Needlestick protocol		
Daily and weekly field day procedures		
Aseptic techniques		
Standard (Universal) Precautions: A. Assume that all patients carry pathogens that are transmitted by blood and body fluids. Purpose is to protect the health care worker and the patient. B. Definition of and Location of PPE's. gloves, goggles, gowns, masks, pocket masks/microshields.		
Hand washing technique: ***Before and After Patient Care A. Approved liquid Soap. Wash for 10 - 15 seconds, using lots of running water, soap and friction. B. Keep fingers pointed downward during washing and drying to prevent bacteria from running onto the forearms. C. Rinse, dry with paper towel. D. Turn off faucet with paper towel.		
Blood Spill Clean-Up: A. Always wear gloves and any other PPE's necessary. B. Wipe up spill with absorbent material. C. Wipe up area with LPH-SE disinfectant. D. Let Stand for 10 minutes. E. With gloved hands and more paper towels, pick up and discard in red medical waste bag. F. Wipe up remaining spill using more LPH-SE solution as necessary.		
Terminology: A. Bloodborne Pathogen. B. Medical Waste: types, disposal of sharps and red bags, storage, and transport of. C. Communicable Disease: patient disposition, terminal cleaning reporting procedures, use of PPE's, designated isolation room.		
	SECURITY BRIEF	
RESPONSIBILITY OF: Master-At-Arms		
Clinic Security Brief		
CODE GREEN VIOLENT OR AGGRESSIVE BEHAVIOR **Types:** A - Alpha - Firearm B - Bravo - Other Weapon C - Charlie - Violent Group D - Delta - Violent Individual E - Echo - Show of Force **CODE GREEN phone numbers**: 1. Call Area Guard Ext:_____ 2. Call PMO at #725-3888.		
Building Security		

ORIENTATION ITEM/DESCRIPTION	PRECEPTOR'S VERBAL REVIEW DATE/INITIALS	DEMONSTRATED BY ORIENTEE DATE/INITIALS
• Bomb Threat Checklist • Utilize questionnaire by telephone. • Never Hang-up the telephone, Keep the individual on the line and signal for help.		
SAFETYBRIEF		
RESPONSIBILITY OF: Safety Petty Officer		
Clinic Safety Representative:		
Safety Checklist		
Reporting Documents: • Report of Unsafe and Unhealthy Work Conditions • Mishap Report of Injury		
Clinic safety in-services		
Quality of Care Reports		
Material Safety Data Sheet manual		
Poison control 1-800-876-4766		
Spill kits		
Safety manual		
Electrical Safety		

EMERGENCY/CARDIOPULMONARY ARREST PROCEDURES		
RESPONSIBILITY OF:		
Location of crash cart (knowledge of contents)		
Emergency Call Light		
Procedure for reporting a code: • Dial 911 • Airhorn		
Code assignments/response: • 1st Staff on scene: Call for help, Begin CPR. • 2nd Staff on scene: Activate EMS, Get Crash Cart. • 3rd Staff on scene: Assist CPR. • 4th Staff on scene: Recorder.		
Familiarization with equipment: • Defibrillator (see manufacturer checklist) • EKG Machine (see checklist) • Suction Machine set-up and application • Suction equipment: yankers, naso-gastric tubing, • Extension tubing, emergency portable suction device • Airway/Oxygen set-up and application • IV pump (see manufacturer checklist)		
• Ambulance • MO Drug Box		
• Code drills		

Notes:

Please rate the extent to which this Orientation:	Excellent	Good	Average	Poor
...was effective				
...was well organized				
...allowed adequate time for discussion				
...provided an information level to suit your needs.				

Comments/Suggestions:

Preceptor's signature

Orientee's signature

APPENDIX 2-18: ORIENTATION OVERVIEW

ORIENTATION OVERVIEW
BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

NAME:

To be **completed within 30 days** of reporting to the clinic.

Report Date: Completion Date:

ORIENTATION ITEM/DESCRIPTION	ORIENTEE'S INITIALS	PRECEPTOR'S INITIALS	DATE
• Specific position description reviewed with member			
BRANCH MEDICAL CLINIC ROLES AND ORGANIZATION			
Organizational Structure NHCP/BMC/Clinic/Area Command • Director, Branch Medical Clinics NAME: _____ • Clinical Coordinator NAME: _____ • Senior Medical Officer NAME: _____ • Contract Medical Director NAME: _____ • Administrative Officer NAME: _____ • Senior Enlisted Leader NAME: _____ • Administrative Staff NAME: _____ • Secretary NAME: _____ **Ancillary Coordinators** • Laboratory NAME: _____ • Radiology NAME: _____ • Pharmacy NAME: _____ • Location of clinics, review of map • Clinic Department Heads/OICs • Clinic LPOs, Ancillary Personnel			
CLINIC STAFF/REVIEW OF ROLES			
• Department Head NAME: _____ • Division Officer NAME: _____ • Medical Officer			

ORIENTATION ITEM/DESCRIPTION	ORIENTEE'S INITIALS	PRECEPTOR'S INITIALS	DATE
NAME: _____ • Senior Enlisted Leader NAME: _____ • Leading Chief Petty Officer NAME: _____ • Leading Petty Officer NAME: _____ • Providers NAME(S):_____ • Nurses NAME(S):_____ • Medical Clerks/Assistants NAME(S):_____ • Training Petty Officer NAME: _____ • Admin Petty Officer NAME: _____ • Supply Petty Officer NAME: _____ • Health Records Petty Officer NAME: _____ • Preventive Medicine Petty Officer NAME: _____ • Treatment Room Petty Officer NAME: _____ • Marine Commands staff NAME(S):_____ • HM/MA scope of practice • Clerical staff _____			
COMMUNICATION SYSTEM			
• Phone system/pager system/FAX • Phone etiquette • Intercom system • Computers • Copy machines • Information boards			
CUSTOMER RELATIONS			
• Clinic Customer Relations Representative NAME: _____ • NHCP Customer Relations Department Head NAME: _____ PHONE: _____ • Customer Relations Instruction • Customer relations Performance Standards • Patient Satisfaction Surveys • Customer Relations Worksheets • Telephone courtesy • Patient rights and responsibilities • Patient privacy and confidentiality • Your role in customer relations			

ORIENTATION ITEM/DESCRIPTION	ORIENTEE'S INITIALS	PRECEPTOR'S INITIALS	DATE
PERSONNEL POLICY REVIEW			
• Reporting for duty/schedule • Daily routine/assignments • Collateral duties • Uniform standards/Dress Code/Grooming • Smoking • Special request chits • Leave request/TAD request/vacation • Meals/breaks • Chain of Command • Call in Sick (How to)/Illness/sick-in-quarters • Professional conduct/military courtesies • Fit Reps/Brag Sheets/Counseling/Evaluations • LES/Pay Issues • Review of command moonlighting policy • Civilian management/performance appraisal • Sexual Harassment/Fraternization • Staff Meetings • Parking • Location of staff lockers/duty rooms			
CLINIC FUNCTIONS			
• NHCP Mission, Vision, Strategic Goals • Review Clinic Profile (hours of operation/services) • Tour of the clinic • Number and type of staff in the clinic • Type of patients seen • Standards of conduct in a recruit/student environment • Sick call/primary care and follow-up appointments • Front Desk • Clinic Administration • Health Records • Preventive Medicine (immunizations, occupational health) • Physical Exams/screenings • Treatment Room • Ancillary Services • Operational/Field services • Specialty Clinics • Patient/Staff Education			
CLINIC ADMINISTRATION			
• Recall bill • MEPRS (NHCP brief) • Reports/Letters/Memos • SSIC			
REFERENCE MATERIALS			
• BMC SOP • Clinic SOP • BMC Guidelines(protocols) • Desk Top References			

ORIENTATION ITEM/DESCRIPTION	ORIENTEE'S INITIALS	PRECEPTOR'S INITIALS	DATE
• Physician's Desk Reference • Medical Dictionary • Hospital Instructions • Clinical reference material/manuals • Performance Improvement Manual			
ANCILLARY SERVICES			
PHARMACY			
• Responsible individual NAME: _____ • Medication refrigerators • Clinic stock/emergency medications • Narcotic supply/ordering • Routine ordering • Labeling for all open multi-dose supplies • Formulary • Pharmacy/Pre-printed and Fill-in RX • Follow-up of Results/Turn Around Time			
LABORATORY			
• Responsible individual NAME: _____ • Lab capabilities • Computer capabilities • Routing/filing of chits • Routine vs. stat lab test • Obtaining results for appointments • Lab archive files • Glucometer/quality controls • Abnormal results • Lab/Chits (Waived Testing) • Follow-up of Results/Turn Around Time			
RADIOLOGY			
• Responsible individual NAME: _____ • X-ray capabilities • Routing of films for final reading • Wet reading • Log books/abnormal results • X-ray/Chits • Follow-up of Results/Turn Around Time • EKGs • Follow-up of Results/Turn Around Time			
CLINICAL SERVICES			
a. Acute Care Area • Triage/Triage Manual • Treatment/Exams • Consults/Referrals • Consent			

ORIENTATION ITEM/DESCRIPTION	ORIENTEE'S INITIALS	PRECEPTOR'S INITIALS	DATE
• Transport • Naval Staff Responsibilities			
b. Disposition of Active Duty • SIQ Procedure • Duty Status			
c. ER Referral			
d. Patient Flow			
e. Primary Care • Put Prevention Into Practice (PPIP) • Health Promotions at the Deckplates • Competency for Duty • Forms • Immunizations/DNA/HIV • Limited Duty Boards • Overseas screening			
• Policies/Procedures • Forms • PEBS (Physical Evaluation Board) • Physicals (mess, confinement, annual, separations, drivers, hazmat) • Physical Readiness Test (PRT)Screening • Policies/Procedures • Sick Call • STD Clinic • TB Screening • GYN Exams/Standby Protocols • Ranks/Rates/Politics • Breast Center • *VASEP examinations and worksheets • Patient/Family Education Program • Nutrition Consult Guidelines • Latex Allergies • Pain Management/CLIPPERS			
SPECIAL TREATMENT CONSIDERATIONS			
• Family Advocacy • Exceptional Family Member Program • Child Abuse • Rape • Spouse Abuse • Treatment of Civilians • Mental Health/Psych Evals • Women's Health • Infection Control/Communicable • Diseases • Barracks Limitations • Drug/Alcohol Dependency Screening • Weight Evaluations/Weight Waiver			
PATIENT CARE ADMINISTRATION			
• Medical Records • Forms			

ORIENTATION ITEM/DESCRIPTION	ORIENTEE'S INITIALS	PRECEPTOR'S INITIALS	DATE
• Patient Education Tool • Summary of Care (Adult Chronic Illness Flowsheet, DD Form 2766)			
• Health Enrollment Assessment Review (HEAR) questionnaire • HEAR Primary Care Manager Report • CAF File • CME Reporting • Reference Materials Available • IDC Program/Preceptor			
PI/RM			
• Medical Staff Meeting • MHS Optimization Plan/ Population Health • Quality of Care Reports • Medical Record Review • Drug Utilization Review • Quarterly PI Meeting • Clinical/Management Processes • Patient Education • Abbreviations • Adverse Drug Reporting • Vaccine Adverse Reporting System (VAERS) • Performance Improvement Plan (PIP) • Technical Assist Visits (TAV) • Performance Improvement • JCAHO/IG Requirements			
EQUIPMENT ORIENTATION (training and use of)			
TPR Machines- IVAC 4200			
Manual BP cuff and stethoscope			
Glucometer (see checklist)			
Pulse Oximeters			
Exam Tables and paper			
Peak Flow Meter			
Gurney/ Stretchers			
Wheelchairs/canes/crutches/boots (see BMC protocol skills)			
Scales			
Doppler			
Exam Light(s)			
Woodslamp			
Wrist and ankle restraints			
Otoscope/Opthalmascope			

ORIENTATION ITEM/DESCRIPTION	ORIENTEE'S INITIALS	PRECEPTOR'S INITIALS	DATE
Refrigerators/Ice machine			
Blanket warmer/ blankets			
Key box			
SPECIALTY CONSULTS AND REFERRALS			
• Emergency/Today/72 Hour/Routine • Services Available Handout • Sports Medicine • Optometry • Physical Therapy • Mental Health • Chiropractic • SMART Clinic			
FIELD MEDICAL SUPPORT			
• Type of Support • Units Served			
OTHER ISSUES			
• Inservice Training Corps Personnel and IDCs			
• Expectation of Providers • Maintenance of Credentials • Government Contract • Third Party Brief • HIV Brief			
• Conflict of Interest • Unplanned Absence Brief • Stamper, Name Tag • Scheduling			
BRIG Coverage/Orientation • Medical staff • BRIG SOP			

Notes:

Please rate the extent to which this Orientation:	Excellent	Good	Average	Poor
...was effective				
...was well organized				
...allowed adequate time for discussion				
...provided an information level to suit your needs.				

Comments/Suggestions:

_____ _____

Preceptor's signature Orientee's signature

APPENDIX 2-19: BLISTER CARE

BLISTER CARE

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

Name/Rank: _____ Position: _____

SSN: _____ Workspace: _____

Performance Criteria	Methods of Evaluation	Orientee's Initials	Evaluator's Initials	Date
Clinical Guideline Reviewed.				
Demonstrates ability to establish client/ staff rapport.	Staff member will greet and introduce him/herself to client before beginning any procedure(s).			
Understands the definition and causes of blisters.	Per Clinical Guideline can: 1. Verbalize the definition of blisters. 2. Identify the causes of blisters.			
Demonstrates appropriate assessment and treatment skills for blister care.	Staff member will recognize and verbalize occurrence of blisters and provide appropriate treatment per Clinical Guideline.			
Accurate and timely documentation of all data and will provide specific follow-up/discharge instructions.	Staff member will document all pertinent information of SF600 and provide follow-up/ discharge instructions per Clinical Guideline.			

Individual Training Statement

I have completed the training required for blister care and feel capable of performing the skills per BMC Clinical Guidelines. I will seek additional training as needed to maintain proficiency.

Signature: _____ Date: _____

TPO's Signature: _____ Date: _____

LCPO's Signature: _____ Date: _____

Maintain a copy of the completed sheet in the Individual Training Record (ITR).

APPENDIX 2-20: INGROWN TOENAILS

INGROWN TOENAILS

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

Name/Rank: _____ Position: _____
SSN: _____ Workspace: _____

Performance Criteria	**Methods of Evaluation**	**Oriente e's Initials**	**Evaluator 's Initials**	**Date**
Clinical Guideline Reviewed.				
Demonstrates ability to establish client/ staff rapport.	Staff member will greet and introduce him/herself to client before beginning any procedure(s).			
Identify appropriate treatment for ingrown toenail.	1. Verbalizes and describes 3 types of ingrown toenails. 2. Describes: A. Causes of ingrown toenails. B. Prophylactic measures to alleviate symptoms C. Conservative treatment.			
Understands procedures for partial or total removal of ingrown toenail.	1. Verbalizes procedure for removal of toenail per clinic guideline. 2. Verbalizes side effects, contraindications and drug interactions of topical Lidocaine.			
Demonstrates appropriate "set-up" and technique for toenail removal.	1. States that anesthesia consent is obtained prior to procedure. 2. Obtains necessary supplies/equipment for performing procedure. 3. 1:1 demo with provider evaluating. 4. Performs procedure per clinic guideline. A. Standard precautions B. Digital block C. Partial or total toenail removal.			
Identifies impending patient emergencies and responds appropriately.	1. HM is IV certified and BLS trained. 2. Initiates appropriate emergency measures.			
Accurate assessment, documentation of information. Initiates appropriate patient education and "follow-up" care.	1. Completes SF600. A. Assessment of condition of toe/surrounding area. B. Medication provided. C. Patient response and patient teaching provided. 2. Verbalizes pertinent post-procedural care and follow-up instructions per Clinical Guideline.			

The above named corpsman demonstrated proper partial or total toenail removal technique under my close supervision on the following dates:

	PROVIDER INITIALS	PARTIAL OR TOTAL TOENAIL REMOVAL	DATE
A			
B			
C			

_____ _____

Provider Signature **Date**

Individual Training Statement

I have completed the training required for Ingrown Toenail Removal and feel capable of performing the skills related to partial/total toenail removal per BMC Clinical Guidelines. I will seek additional training as needed to maintain proficiency.

Signature: _____ Date: _____

TPO's Signature: _____ Date: _____

LCPO's Signature: _____ Date: _____

Maintain a copy of the completed sheet in the Individual Training Record (ITR).

APPENDIX 2-21: NEBULIZER THERAPY

NEBULIZER THERAPY

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

Name/Rank: _____ Position: _____

SSN: _____ Workspace: _____

Performance Criteria	Methods of Evaluation	Orientee's Initials	Evaluator's Initials	Date
Clinical Guideline Reviewed.				
Understands rationale of administering nebulizer therapy.	1. States the following: A. Purpose of nebulizer B. Expected result of therapy C. Medication used per MD order. 2. Correct dosage for patient, expected response, possible side effects, and contraindications.			
Demonstrates ability to explain procedure to patient and/or significant other.	1. Explains procedure to patient/other and patient's role in treatment. 2. Explains what effect the medication will have on the patient.			
Demonstrates pre-treatment assessment.	1. Explains pre-treatment parameters needed: A. Vital signs B. Peak flow C. Observable respiratory effort. 2. Demonstrates lung auscultation with stethoscope. 3. Demonstrates applying pulse-ox to patient's finger or ear if indicated. 4. Demonstrates use of peak flow meter.			
Demonstrates correct administration of nebulizer treatment (HM must be medication certified.)	1. Lists supplies and equipment of nebulized treatment per protocol. 2. Explains 2 criteria for choosing between mouthpiece and mask. 3. Sets up nebulized treatment protocol.			
Understands importance of monitoring patient response.	1. States the four adverse effects of nebulized treatment. 2. States two reasons why it is important to stand by during treatment. 3. List three post-treatment assessments that need to be done. 4. States appropriate follow up if peak flow is abnormal post nebulizer treatment.			
Demonstrates documentation of patient response to USN in chart.	1. Verbalizes component parts of note - vital signs, peak flow, observable signs, time and date of nebulizer treatment and patient responses. 2. Demonstrates clear and legible charting. 3. Demonstrates charting of medication per BMC SOP or Clinical Guideline.			
Demonstrates maintenance of equipment.	1. Disposes of contaminated equipment per infection control policy.			

Individual Training Statement

I have completed the training required for Nebulizer Therapy and feel capable of performing the skills per BMC Clinical Guidelines. I will seek additional training as needed to maintain proficiency.

Signature: _____ Date: _____

TPO's Signature: _____ Date: _____

LCPO's Signature: _____ Date: _____

Maintain a copy of the completed sheet in the Individual Training Record (ITR).

APPENDIX 2-22: WART TREATMENTS

WART TREATMENTS

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

Name/Rank: _____ Position: _____

SSN: _____ Workspace: _____

Performance Criteria	Orientee's Initials	Evaluator's Initials	Date
Clinical Guideline Reviewed. Written Exam Date: _____ Score: _____			
Demonstrate knowledge of type of warts.			
Demonstrate knowledge on use of liquid nitrogen.			
Demonstrate knowledge on various acids used for wart treatments.			
Describes wart treatments for common warts: LN2, Duofilm/Occlusal HP, Litt Tape method.			
Describes wart treatments for plantar warts: Pyruvic acid, Duofilm/Occlusal HP, Salicylic Acid Plaster, 70% TCA.			
Describes wart treatments for condyloma acuminata: LN2, Podophyllum.			
Describes wart treatments for periungual warts: LN2, Duofilm/Occlusal HP.			
Describes wart treatments for verruca plana (flat warts): LN2			
Actual wart treatments performed and skills demonstrated.			
Describe the hazards associated with the above treatment protocols.			

Individual Training Statement

I have completed the training required for the wart treatments and feel capable of performing the skills per BMC Clinical Guidelines. I will seek additional training as needed to maintain proficiency.

Signature: _____ Date: _____

TPO's Signature: _____ Date: _____

LCPO's Signature: _____ Date: _____

Maintain a copy of the completed sheet in the Individual Training Record (ITR).

APPENDIX 2-23: TRIAGE PROCESS

TRIAGE PROCESS

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

Name/Rank: _____ Position: _____

SSN: _____ Workspace: _____

Performance Criteria	Methods of Evaluation	Orientee's Initials	Evaluator's Initials	Date
Clinical Guideline Reviewed.				
Demonstrates the ability to establish client/staff rapport	Staff member will introduce him/herself to client			
Understands overall concept and purpose of the triage process	Verbalizes purpose of the triage process as it relates to work space			
Understands triage categories	Verbalizes the 3 categories of triage per clinic SOP: 1. Emergent – condition which requires immediate medical attention. 2. Urgent – condition which requires medical attention within a few hours. 3. Non-urgent – condition not requiring immediate attention.			
Demonstrates proper assessment and triage of patient per clinic SOP	1. Patients in emergent category will go immediately to Treatment room. 2. Patients in urgent category will be discussed with physician. 3. Non-Urgent patients will be seen using basic triage system.			
Accurately communicates patient status and documents all data obtained	1. Verbalizes timely information to appropriate staff member (s). 2. Verbalizes and performs Basic Life Support procedures, as applicable. 3. Completes all pertinent documentation in timely fashion and correctly determines appropriate disposition of patient.			

Individual Training Statement

I have completed the training required for TRIAGE PROCESS and feel capable of capable of performing the skills per BMC Clinical Guidelines. I will seek additional training as needed to maintain proficiency.

Signature: _____ Date: _____

TPO's Signature: _____ Date: _____

LCPO's Signature: _____ Date: _____

Maintain a copy of the completed sheet in the Individual Training Record (ITR).

APPENDIX 2-24: SUTURE AND STAPLE REMOVAL

SUTURE AND STAPLE REMOVAL

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

Name/Rank: _____ **Position:** _____

SSN: _____ **Workspace:** _____

Performance Criteria	Methods of Evaluation	Orientee's Initials	Evaluator's Initials	Date
Suture/Staple and Skin Clip module reviewed.				
Demonstrates ability to establish client/staff rapport	1. Staff member washes hands. 2. Staff member introduces him/herself to the client before starting procedures. 3. Checks medical record for allergies. 4. Explains procedure to patient. 5. Provides for patient privacy			
Assesses wound site for healing and or infection.	1. Before evaluating wound dons appropriate gear for protection. 2. Per BMC SOP on Infection Control and NHCP Infection Control Manual addressing "Universal Precautions"			
Assesses for presence and number of sutures/staples in area of wound	1. Looks for and identifies number of sutures/staples in place and verifies number of each originally placed with patients record.			
Prepares wound area for suture/staple removal	1. Cleans wound/incision site per clinic protocol and/or Physician's orders. 2. Removes tissue debris from wound site.			
Obtain all supplies for suture/staple removal and dressing change	1. Uses appropriate protective gear, removal kit and dressing per physician's order.			
Re-inspects, applies appropriate dressing per Physician orders and complete dressing change to wound. Accurately documents all findings and treatment provided	1. Inspects wound edges for signs of drainage and dehiscence. 2. Establish a sterile work area. Sterile technique. 3. Applies appropriate solution to wound area for application of Steri-Strips (Tincture of Benzoin). 4. Correctly applies Steri-Strips across incision/wound area. 5. Redresses wound area as needed. 6. Documents pertinent information in health record.			
Communicates appropriate Discharge Instructions to patient/family members	1. Explains access to care, if needed, after normal clinic hours. 2. Signs/symptom of infection. 3. Keep dressing clean and dry. 4. How to clean site and redress wound site, if applicable. 5. When to remove dressing, if applicable. 6. Follow-up appointment information.			

Individual Training Statement
I have completed the training required for SUTURE AND STAPLE REMOVAL and feel capable of performing the skills per BMC Clinical Guidelines. I will seek additional training as needed to maintain proficiency.
Signature: _____ Date: _____

TPO's Signature: _____ Date: _____
LCPO's Signature: _____ Date: _____

Maintain a copy of the completed sheet in the Individual Training Record (ITR).

APPENDIX 2-25: CANE AND CRUTCH WALKING

CANE AND CRUTCH WALKING

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

Name/Rank: _____ **Position:** _____

SSN: _____ **Workspace:** _____

Performance Criteria	Methods of Evaluation	Orientee's Initials	Evaluator's Initials	Date
Cane and Crutch Module Reviewed				
Demonstrates ability to establish client/staff rapport	Wash Hands Staff member will introduce him/herself to client and explain procedure			
Identifies equipment and supplies to assemble crutches	1. Verifies that all of the following supplies are present: a. Two crutches b. Rubber tips c. Plastic for axillary bars d. Four Bolts			
Demonstrates assembly of crutches with correct height	1. Verbalizes the following: a. Position the crutch so that it extends from a point 4" to 6" to the side ad 4" to 6" in front of the patient's feet to 1 ½" to 2" below the axillae. Then adjust the handgrips so that the patient's elbows are flexed at a 15-degree angle when he's standing with the crutches in the resting position.			
Demonstrates and teaches the different types of crutch walling	Can explain and demonstrate the following: 1. Teach and demonstrate the appropriate gait to the patient: A four-point gait to the patient who can bear weight on both legs; a two-point gait to the patient with weak legs but good coordination and arm strength; a three-point gait to the patient who can bear only partial or no weight on one leg' or wing-to or swing-through gaits to the patient with complete paralysis of the hips and legs. 2.Weight bearing on affected extremity. 3. No weight bearing on affected extremity. 4. Instructs patient to look outward or towards destination, to maintain balance. 5. Going up and down stairs.			
Demonstrates safety measures while assisting patient with crutch/can walking Accurately documents information and pertinent discharge information	1. Walks on affected side while assisting patient. 2. Positions free hand at patient's shoulder to prevent forward fall. 3. Instructs patient to look outward or towards destination, to maintain balance. 4. Observes patient as he gives return demonstrations of how to properly use crutches. 5. Accurately documents all pertinent information in patient's record.			

TPO's Signature: _____ Date: _____

LCPO's Signature: _____ Date: _____

Maintain a copy of the completed sheet in the Individual Training Record (ITR).

APPENDIX 2-26: EKG

Electrocardiography
BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON

Name/Rank: _____ **Position:** _____

SSN: _____ **Workspace:** _____

Performance Criteria	Methods of Evaluation	Orientee's Initials	Evaluator's Initials	Date
ECG Module reviewed.				
Clinical Guideline Reviewed.				
Understands overall concept and purpose of the triage process	Verbalizes a basic knowledge of the use and purpose ECGs.			
Demonstrates ability to establish client/ staff rapport	1. Staff member will wash hands and take appropriate precautions. 2. Staff member will greet and introduce him/herself to client before beginning any procedure(s). 3. Explains procedure to patient. 4. Demonstrates safety measures and ensures patient privacy.			
Knowledge of ECG procedure	Per Clinical Guideline can: 1. Obtains required equipment and supplies. 2. Properly sets up machine and performs ECG (also see manufacturer reference). 3. Accurately documents pertinent information for routing ECGs for interpretation. 4. Properly demonstrates procedure for storage of ECG data on computer disc.			
General Computer skills	Demonstrates use of KG-ADS and CHCS			

Individual Training Statement

I have completed the training required for performing electrocardiography and feel capable of performing the skills per BMC Clinical Guidelines. I will seek additional training as needed to maintain proficiency.

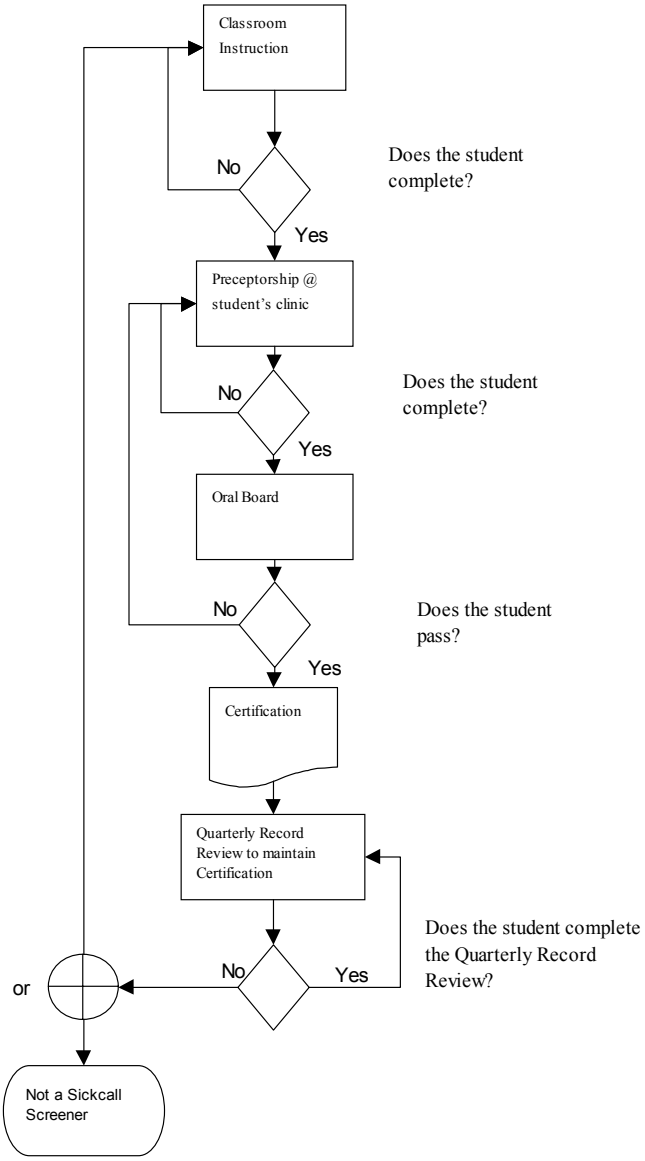
Signature: _____ Date: _____

TPO's Signature: _____ Date: _____

LCPO's Signature: _____ Date: _____

Maintain a copy of the completed sheet in the Individual Training Record (ITR).

APPENDIX 2-27: SICKCALL SCREENERS TRAINING PROCESS



Sick Call Screeners Course Phases

Phase I 5 day class instruction
Pass written exam

Phase II Preceptorship over 90 days
Evaluate sick call patients with a designated preceptor
20 patients
Complete the oral board
Corpsman is designated a command sick call screener with Certificate letter and SCS badge

Phase III Begins after the corpsman is designated a command sick call screener
Must meet the quarterly requirements: 10 patients per quarter (3 months) and CME's

APPENDIX 2-28: SICKCALL SCREENERS COMPETENCY WORKSHEET

SICK CALL SCREENER

COMPETENCY WORKSHEET

Sickcall Screener Course Completed:

Date:_____ Preceptor:_____

Clinical Check List for Preceptorship Competencies Completed:

Date:_____ Preceptor:_____

Oral Boards Completed:

Date:_____ Program Training Coordinator:_____

Letter of Designation and Page 13 Completed:

Date:_____ Program Training Coordinator:_____

QUARTERLY SUSTAINMENT TRAINING

Dates	Pts Seen (10 Min)	CME (12 Min)	Remarks	Supervisor

APPENDIX 2-29: SICKCALL SCREENERS RECORD REVIEW

Sickcall Screener Quarterly Record Review

Sickcall Screener_____

Annotate yes, no, or n/a as appropriate

Patient number	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Chart SSN (Last 4)										
Legible entry										
History/complaint consistent										
Exam consistent with Hx and chief complaint										
Diagnosis consistent with data										
Treatment appropriate for diagnosis										
Appropriate follow-up										
Appropriate patient instructions given										

Comments:

Reviewed by: _____

Date: _____

Sickcall Screener: _____

Date: _____

APPENDIX 2-30: SICKCALL SCREENERS CLINICAL CHECKLIST FOR PRECEPTORSHIP

CLINICAL CHECK LIST FOR PRECEPTORSHIP _____ NAME, RANK _____ CLINIC & PHONE #

Completion of the following indicates proficiency in the listed sickcall protocol.

CLINICAL PROTOCOL	DATE PROFICIENCY DEMONSTRATED	SIGNATURE OF PRECEPTOR
OBTAIN PATIENT HISTORY		
PERFORM PHYSICAL EXAM OF THE FOLLOWING:		
-EYES		
-EARS		
-NOSE & SINUSES		
-MOUTH & PHARYNX		
-NECK		
-CHEST & LUNGS		
-ABDOMEN		
-BACK		
-UPPER EXTREMITY		
-LOWER EXTREMITY		
-SKIN		
-NERVOUS SYSTEM		
ASSESS AND TREAT THE FOLLOWING:		
-HEADACHE/SINUSES		
-CONJUNCTIVITIS		
-OTITIS		
-NASAL CONGESTION OR DISCHARGE		
-SORE THROAT		
-COUGH		
-SKIN RASH		
-ANKLE PAIN		
-KNEE PAIN		
-BACK PAIN		
-HIP PAIN		
-SHOULDER PAIN		

3 SUPPLY

3.1 INTRODUCTION

3.1.1 General. This chapter of the SOP provides guidance in the areas of financial and supply management. Final authority for authorization is the Financial Management Department 725-1234. Final authority for appropriations is the Materiel Management Department 725-4521. Branch Medical Clinic Supply Petty Officers (SPO) will observe and comply with the Supply Petty Officer Guide, Naval Hospital Camp Pendleton (29JUN2000). Branch Medical Clinic supervisors will ensure enforcement of these directives and issue no instructions which are in conflict.

3.1.2 Training. The Materiel Management Department conducts monthly Supply Petty Officer (SPO) training. Each SPO is required to attend this training upon initial assignment as a SPO. Contact 725-4521 to schedule. Further questions can be directed to the Admin Officer (AO) at 725-6346 or the Headquarters SPO 725-6346.

3.2 OPTAR MANAGEMENT

3.2.1 General. All blue, on-base clinics are on-line with DMLSS for both med surg and pharmacy orders. All orders will be entered into DMLSS and authorized locally for purchase. HQ will periodically review the compliance of each clinic and report discrepancies to the AO and the Director of Branch Medical Clinics.

3.2.1.1 Each SPO and Department Head is responsible and accountable for each individual transaction. SPOs and Department Heads are not legally allowed to obligate the command for purchases other than those explicitly listed in the med surg and pharmacy catalogs via DMLSS.

3.2.1.2 Open Purchase documents, DD 2276 (Appendix 3-1) will be carefully reviewed and counter signed by the Department Head and the AO, when directed.

3.2.1.3 Obligations other than those available via DMLSS and 2276 are not to be conducted in the Branch Clinics. Those transactions are to be forwarded to the Material Management Department Head, 725-1432.

3.2.2 TAD

3.2.2.1 Headquarters, Branch Medical Clinics will maintain the TAD OPTAR for the clinics located on-board Camp Pendleton. All TAD requests are to be forwarded to the Director of Branch Medical Clinics for signature (725-6615).

3.2.3 Technical Assist Visits

3.2.3.1 The Administrative Officer or designee will conduct semi-annual technical assist visits to ensure proper compliance.

3.2.4 Status of Funds Reports

3.2.4.1 Periodically, the Financial Management Department will issue a Status of Funds (SOF) report. The SOF reflects your clinic's financial picture at a point in time. There may be reconciling items between the SOF and the DMLSS system due to time delays and actual purchase cost. Contact the AO or the HQ SPO for resolution when this occurs. Do not wait for the SOF to balance your accounts. DMLSS allows live account balance reporting.

3.2.4.2 As SPO, you will not be allowed to purchase past your spending limit. Proper budgeting and forecasting for events is the responsibility of the SPO and the Department Head to guarantee that monies are still available throughout the financial quarter.

3.2.4.3 If, however, your clinic requires additional funding, submit an e-mail (CHCS) to the AO stating the reason for the shortage, the additional amount needed, if the adjustment can be transferred from an upcoming quarter, or if you need new funding. The AO will coordinate with the Financial Management Department and reply back to the e-mail, typically answers will arrive within 2 working days. Contact the AO 725-634 for further resolution.

3.2.4.4 A note of caution: OPTAR's can be reclaimed at any time by the Financial Management Department during fiscal emergencies.

3.3 SUPPLY ORDERING PROCEDURES.

3.3.1 General. There are 2 main avenues to order supplies: Open Purchase (2276) and Prime Vendor (DMLSS).

3.3.1.1 Questions regarding DMLSS should be directed to 725-4521.

3.3.1.2 Questions regarding 2276 (Appendix 3-1) should be directed to the HQ SPO 725-6346.

3.3.1.3 Procedures outlined in the Supply Petty Officer (29Jun2000) are to be followed.

3.4 DELIVERY OF SUPPLIES

3.4.1 Orders are be submitted to Materiel Management via DMLSS. When supplies arrive they should be verified against the receipt that will accompany them. No distribution of material is to take place until the order/receipt has been verified. Sign and date the receipt and ALWAYS MAINTAIN A COPY FOR THE RECORDS. There are no supplies stored at the warehouse.

3.4.2 Prime Vendor (DMLSS) is designed to provide supplies to the customer in 24-48 hours.

3.5 SERVMART MATERIAL

3.5.1 General. The base self-service store is located in building 22105. Self-Service inventory includes a wide variety of items such as office, painting supplies, cleaning supplies, tools, calculators, and stopwatches.

3.5.2 Servmart Card. An authorized person from each clinic, such as the SPO and/or Department Head may use the Servmart Card to make necessary clinic purchases. As SPO, you will need to deduct the purchase amount from your available balance. The transaction will post into the system within a few business days. Servmart purchases reduce your available OPTAR.

APPENDIX 3-1: OPEN PURCHASE FORM 2276

REQUEST FOR CONTRACTUAL PROCUREMENT-NAVCOMPT FORM 2276 (8PT) (REV. 8-81) S/N 0104-LF-702-2761 Page 1 of 1 Page

1. THIS REQUEST MUST BE ACCEPTED ON A DIRECT CITATION BASIS AND IS SUBJECT TO THE CONDITIONS LISTED ON THE REVERSE SIDE.				2. DOCUMENT NUMBER N6809401RQ	
3. REFERENCE NUMBER	4. FUNDS EXPIRE ON 30 SEP 01	5. DMS RATING	6. PRIORITY 13	7. DATE REQUIRED 15 JAN 01	8. AMENDMENT NO.

9. FROM HEADQUARTERS, BRANCH MEDICAL NAVAL HOSPITAL CAMP PENDLETON, CA 92055-5191	10. FOR DETAILS CONTACT HM [rank and name][phone number]
11. TO: MATERIEL MANAGEMENT (CODE 06B) NAVAL HOSPITAL, BOX 555191 CAMP PENDLETON CA 92055-5191	12. MAIL INVOICES TO: RECEIVING OFFICER NAVAL HOSPITAL BLDG H-135 CAMP PENDLETON, CA 92055

13. ACCOUNTING DATA TO BE CITED ON RESULTING CONTRACTS

A. ACRN	B. APPROPRIATION	C. SUB-HEAD	D. OBJ. CLASS	E. BU. CONTROL	F. SA	G. AAA	H. TT	I. PAA	J. COST CODE	K. AMOUNT
AA	9710130	188H	260	68094	0	068688	2D	Enter your code	1 ENTER YOUR CODE	$53.00

14. AMOUNTS WILL NOT BE EXCEEDED IN THE OBLIGATION DOCUMENT WITHOUT PRIOR WRITTEN APPROVAL FROM THE ISSUER.	L. TOTAL THIS DOCUMENT	$53.00
	M. CUMULATIVE TOTAL	$53.00

15. PROCUREMENT BY CONTRACT OF THE FOLLOWING ITEMS IS REQUESTED
THESE ITEMS ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING HAS NOT BEEN ACCOMPLISHED

A. ACRN	B. ITEM NO.	C. FSC	D. (NAT. STOCK NO., SPEC AND/OR DRAWING ETC)	E. QUANTITY	F. UNIT	G. ESTIMATED UNIT PRICE	H. ESTIMATED AMOUNT
	0001		WALL PLANNER "WRITE ON, WIPE OFF" CONTEMPORARY DESIGN 32" x 48" ITEM # VIO-A161	1.0	EA	$ 25.50	$25.50
	0002		SPECTRA PLATINUM POLAROID FILM ITEM # POL-624242 JUST: NEEDED FOR DIRECTOR'S YEARLY PLANNING AND EXISTING EQUIPMENT CERT: NOT AVAILABLE THROUGH FSS SOS: HILLCREST STATIONERS 3804 FOURTH AVE SAN DIEGO, CA 92103 (619) 466-4003 (619) 466-0439 (FAX)	1.0	EA	$27.50	$27.50

16. SEE ATTACHED PAGES FOR DELIVERY SCHEDULES, PRESERVATION AND PACKAGING INSTRUCTIONS, SHIPPING INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.

17. TRANSPORTATION ALLOTMENT (*Used if FOB Contractor's Plant*)	I. GRAND TOTAL $53.00

18. I CERTIFY THAT THE FUNDS CITED ARE PROPERLY CHARGEABLE FOR ITEMS REQUESTED.	AUTHORIZING OFFICIAL (NAME, TITLE AND SIGNATURE) [DEPARTMENT HEAD TYPED IN THIS BLOCK] signature is placed in same block	DATE 01JAN01
19. THIS REQUEST IS ACCEPTED AND THE ITEMS WILL BE PROVIDED IN ACCORDANCE HEREWITH.	ACCEPTING OFFICIAL (NAME, TITLE AND SIGNATURE) L. R. ADAMS, LT, MSC, USNR, ADMIN OFFICER	D ATE 01JAN01

4 EMERGENCY MEDICAL FUNCTIONS

This section is no longer
a component of the
Branch Medical Clinics' SOP

Emergency Medical Services
is now the responsibility of the
Hospital ER Department
725-1614

5 HEALTH CARE

5.1 GENERAL.

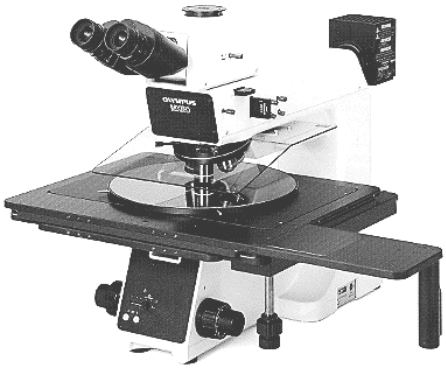
5.1.1 Health care and documentation will be provided in accordance with Naval Hospital Camp Pendleton instructions. Including but not limited to:

NAVHOSPCAMPENINST

1300.1 series	6150.2 series	
1710.1 series	6150.3 series	
1714.4 series	6150.7 series	
5213.1 series	6220.1 series	
5420.12 series	6220.5 series	6320.92 series
5420.14 series	6222.1 series	6320.95 series
5450.2 series	6260.10 series	6320.97 series
5530.3 series	6310.3 series	6320.99 series
5720.2 series	6320.16 series	6320.101 series
5800.4 series	6320.26 series	6400.4 series
5800.5 series	6320.29 series	6401.1 series
6000.6 series	6320.60 series	6540.2 series
6120.2 series	6320.9 series	6560.6 series
6120.3 series	6320.91 series	10110.5 series

6 LABORATORY SERVICES

6.1 GENERAL



6.1.1 General. NAVHOSPCAMPENINST 6510.1 series has been promulgated for the guidance and compliance of all personnel under the cognizance of the Naval Hospital. Branch Clinic supervisors will enforce and issue no instructions which are in conflict with NAVHOSPCAMPENINST 6510.1E and other pertinent directives.

6.1.2 Personnel.

6.1.2.1 Laboratory technicians, NEC 8506 or 8501, will be assigned to 13, 21, 22, and 52 Branch Medical Clinics, when available.

6.1.2.2 All BMC are assigned at least one OJT General Duty Hospital Corpsman in the laboratory. Coordination of Lab OJT training is the responsibility of the BMC Lab Coordinator via the Lab Department Head, NHCP 725-1492.

6.1.3 Responsibility.

6.1.3.1 Branch Clinic supervisors will ensure that laboratory personnel adhere to the provisions of NAVHOSPCAMPENINST 6510.1E and all pertinent directives.

6.1.3.2 Laboratory personnel will assist the Preventive Medicine Representative (PMR) with supplies for procurement of proper specimens and will ensure that the test results are completed in order to start treatment.

6.1.4 Laboratory Procedures.

6.1.4.1 Due to the different clinics and the level of complexity available at each clinic, the NHCP Lab has generated SOPs for each clinic. All Laboratory procedures will be referenced per the NHCP Lab SOP.

7 PHARMACY SERVICES

7.1 GENERAL

7.1.1 Mission.

7.1.1.1 To provide pharmaceutical services to active duty personnel and other beneficiaries on a limited basis.

7.1.2 Purpose.

7.1.2.1 To establish procedural guidelines for the proper operation and management of Naval Hospital, Branch Medical Clinic Pharmacies in accordance with MANMED, Chapter 21, NAVHOSPCAMPENINST 6740.1H, and the Policy and Procedures Manual of the NHCP Pharmacy. Branch Medical Clinic Department Heads will ensure compliance and issue no instructions which are in conflict with this SOP.

7.2 ORGANIZATION

7.2.1 Pharmacy Tech/OJT. Each BMC pharmacy will be manned by a pharmacy technician (NEC 8482) or OJT with adequate knowledge and training of pharmacy operations, responsible to the clinic Department Head on matters regarding the pharmacy and other medication storage areas within the clinic.

7.2.2 Department Head. Fully responsible for the operation of their clinic's pharmacy and reports to the Director, BMC.

7.2.3 Controlled Substance Custodian. Responsible for all controlled substances in a given clinic. Conducts weekly inventory documenting such as signing lower portion of NAVMED 6710/4 (Appendix 7-1). The Custodian is appointed in writing by the Commanding Officer, Naval Hospital, Camp Pendleton (Appendix 7-2).

7.3 PHARMACY SPACES AND EQUIPMENT

7.3.1 The pharmacy will be secured at all times. Access will be limited to the clinic Department Head and pharmacy personnel. Pharmacy keys will not be on the duty crew's "key ring." The safe will be secured at the end of the workday and when the pharmacy is left unattended.

7.3.2 The pharmacy will be kept neat and orderly at all times. All equipment will be cleaned daily or more often as needed.

7.3.3 Shelves will be organized and medications will be stored properly.

7.3.3.1 Medications will be organized in generic order with the exception of combination drugs which may be stored by the most common Trade name.

7.3.3.2 Drugs for internal consumption, external use, and injectables will be separated. Methyl alcohol will not be kept in the pharmacy. Potentially hazardous or toxic substances will not be kept in the pharmacy either.

7.3.3.3 Store drugs away from extreme temperature and light as required. Flammable and acid/base corrosives must be stored in appropriate locked cabinets with proper identification.

7.3.4 Ensure that the refrigerator is in good working condition and within the acceptable temperature range. A daily (AM and PM) temperature log (Appendix 7-3) will be maintained. There will be no food or drink in biological refrigerators. The biological refrigerator is powered into an emergency outlet (red outlet), to prevent the deterioration of biological agents due to a power outage.

7.3.5 An adequate and up-to-date reference section will be maintained in the pharmacy, to include this SOP and reference books.

7.3.6 Supply

7.3.6.1 Routine orders will be submitted weekly, in accordance with currently Supply SOP and NAVHOSPCAMPENINST 6700.4, to the Supply Department, Main Pharmacy (location code 05D) via Headquarters, Branch Clinic Operation.

7.3.6.2 The amount of drugs ordered will be limited to a 2-week supply to avoid overstocking. Return short-dated items to supply or main pharmacy for redistribution or immediate utilization.

7.3.6.3 Emergency injectables and compounded items may be ordered from the main pharmacy using a properly filled and signed NHCP 6710/2 (Appendix 7-4).

7.3.6.4 The clinic pharmacy will be responsible for ordering medications for patients in their area. Depending on the condition of the patient, the availability of the medication, and with prior approval, the requesting pharmacy may borrow the medication or send the patient to other pharmacies located on Camp Pendleton. However, the Director of Branch Medical Clinics, may authorize the pharmacy to purchase a non-formulary medication for a non-active duty beneficiary with a prescription written by a Branch Clinic primary care provider and a properly completed Non-Formulary (Special Order) Drug Procurement Request (Appendix 7-5).

7.3.6.5 A provider may request a drug to be added to the clinic's formulary. The drug addition should be based on current and expected usage. A Request for Formulary Addition (Appendix 7-6) must be completed by the requestor and signed by the Department Head via the Director of Branch Medical Clinics.

7.4 OUTPATIENT DISPENSING

7.4.1 Prescriptions will be ordered using either CHCS or a DD 1289, NAVMED 6710/6 (Polyprescription Form) or other approved prescription forms written in black or blue-black ink, indelible pencil, or typewritten.

7.4.2 Prescribers will have signature cards (Appendix 7-7) filed in each of the prescribing pharmacies. Providers ordering via CHCS are exempt from this requirement.

7.4.3 Civilian prescriptions originating from civilian treatment facilities will not be filled in Branch Clinic pharmacies. Clinic providers shall not rewrite civilian prescriptions. Refer the patient to the main Pharmacy.

7.4.4 Encourage all providers to prescribe drugs listed in the clinic's formulary. For any questions regarding the prescription, contact the prescriber. Document any changes authorized by the prescriber in writing on the prescription: "Doctor called, date, and the caller's initials."

7.4.5 Assign a sequential number to the prescription. To facilitate separate filing of prescriptions for narcotics, controlled, and non-controlled drugs, use a separate serial numbering for each category.

7.4.5.1 Generate a label either through a computer, if so equipped, or by a typewriter. Practitioners using CHCS pharmacy system are exempt from the signature requirement and the written prescription requirement for non-controlled substances and for controlled substances in Schedules II-V.

7.4.5.2 On the prescription itself, write down the drug's manufacturer, lot number, expiration date, and the filler's initials.

7.4.5.3 Double check work. Match the prescription against the drug item. Before dispensing to a patient, check the label against the prescription to verify the directions, patient's name, prescription number, drug, date, and prescriber's name. When passing out medication, check patient's ID and ensure the right medication goes to the right patient.

7.4.5.4 Medications not picked up within 7 working days will be returned to stock.

7.4.5.5 When referring a patient to another clinic or to the hospital, ensure drug availability in the receiving pharmacy before sending the patient. Verify the patient's information on the prescription, the doctor's name, and the information from the originating clinic are legibly noted on the prescription.

7.5 REFILLS

7.5.1 Facilities equipped with capable pharmacy computer systems automatically maintain a refill audit trail for each prescription with refill(s) indicated. All others will utilize a refill log listing the date of the refill, prescription number, patient's name, name of drug, amount, manufacturer, lot number, expiration date, and the filler's initials.

7.5.2 Refills called in at the main hospital Pharmacy can be picked up at 13, 21, 31, and 52 Area Branch Medical Clinics' pharmacies. Deliveries from the main pharmacy are made between the hours of 0730-1600 daily, except for Saturday, Sunday, and Federal Holidays.

7.6 CONTROLLED SUBSTANCES

7.6.1 Within the scope of this SOP, "controlled substances" are any of the drugs scheduled in the Comprehensive Drug Abuse Prevention and Control Act of 1970 and any non-scheduled drug with high abuse potential so designated by the Commanding Officer.

7.6.2 The Pharmacy, Naval Hospital, Camp Pendleton shall serve as the central dispensing point for all controlled substances to the on-base area Branch Clinics. Orders will be submitted via a DD-1289 and signed by the narcotic and controlled substances custodian or a medical officer as an alternate, five working days prior to anticipated need. The assigned Branch Clinic driver will transport and pick up controlled substances. A locked metal transport box will be used. Access to this box shall be limited to the narcotic technician of the main pharmacy and the Branch Clinic pharmacy personnel.

7.6.3 The individual charged with the custody of the narcotic boxes for transport must sign the issuing facility's "Chain of Custody" logbook. The "Chain of Custody" logbook must contain the printed name of the recipient, his/her signature, date, destination, the name and quantity of each item in the box including forms, records, and reports.

7.6.4 Each clinic pharmacy will maintain a loose-leaf binder for controlled substances containing NAVMED 6710/4 (24-Hour Narcotic and Controlled Drug Inventory) and NHCP 6710/22 (Narcotic and Controlled Drug Account Record). Each controlled substance will be accompanied by a NHCP 6710/22. Upon receipt by the clinic, NHCP 6710/22 will be signed and dated (Appendix 7-8). The issued serial number is then entered on the NAVMED 6710/4 under the "Received from Pharmacy" column (Appendix 7-1). If a new issue is received before the old issue is expended, the new NHCP 6710/22 shall be inserted behind the current record.

7.6.5 Prescriptions for controlled substances will be logged in their respective NHCP 6710/22. Errors shall be corrected by drawing a line through the erroneous entry with the signature of the person making the correction.

7.6.6 On the NHCP 6710/22, complete information shall be recorded: date, prescription number, patient's name, doctor's name (ordered by), filler (by whom given), amount expended, and balance on hand.

7.6.7 Amounts shall be recorded in Arabic numerals. When unit of measure is a milliliter (ml) and the amount used is less than a ml, it shall be recorded as a decimal (e.g., 0.5ml instead of ½ ml).

7.6.8 When a fraction of the amount is administered to the patient, it shall be placed in parentheses before the amount recorded in the expended column. Destruction of the unused portion must be witnessed and documented by another physician, dentist, or nurse.

7.6.9 Controlled substances will be inventoried daily by the pharmacy personnel, weekly by the Controlled Substances Custodian, and quarterly or more frequently by the Controlled Substance Inventory Board (CSIB). Discrepancies will be reported to the Commanding Officer via the CSIB.

7.6.10 Prescriptions for controlled substances will be on a DD-1289 or inputted into CHCS and contain the minimum requirements as provided in this SOP.

7.6.11 Once processed and filled, a prescription for a controlled substance shall bear the filler's signature, name, amount of drug dispensed, date, manufacturer, lot number, expiration date, and balance on hand. On the reverse side of the prescription, the statement "Received by" followed by the date, address, telephone number, Social Security Number, and signature of the recipient of the drug item.

7.6.12 If controlled substances are found to be unusable due to deterioration, contamination, or expiration, a Controlled Substances Survey and Destruction Form will be completed and submitted to the Commanding Officer via CSIB. If approved, disposal will be conducted in the presence of at least one member of the CSIB and a report made and forwarded to the Commanding Officer in the monthly CSIB report.

7.6.13 When returning controlled substances to the main pharmacy, the corresponding NHCP 6710/22 will be logged out from the NAVMED 6710/4 under the "Returned to and Received by Pharmacy" column and returned together with the drug item. A receipt will be given from the narcotic vault personnel and will and kept for record.

7.6.14 The completed NHCP 6710/22's shall be returned to the pharmacy. For reconciliation purposes, completed NHCP 6710/22 (zero inventory) will remain in the Controlled Substances binder until cleared by the CSIB. If return of the NHCP 6710/22 is necessary, a photocopy will be retained until the next CSIB inventory.

7.6.15 Each month, a list of all outstanding NHCP 6710/22's is distributed to all clinics to monitor accountability. Response is required within 5 working days.

7.6.16 The combination to the controlled substances safe will be changed at least every six months and each time a turnover of pharmacy personnel occurs. Submit a work request to the area Facility Maintenance (Attn: Locksmith). Copy of the safe combination will be submitted in a sealed envelope (SF-700) to the Director, Branch Medical Clinics. The Branch Clinic Pharmacy Coordinator shall be made aware each time the combination is changed.

7.7 DRUG RECALL PROCEDURES

7.7.1 Drugs which have been determined by the Food and Drug Administration to be contaminated, sub-potent, or in any other way defective may be recalled.

7.7.2 The Branch Clinic pharmacies will utilize the following procedures for responding to a drug recall notice:

7.7.2.1 The clinic Department Head will be responsible for implementing recall procedures immediately upon receipt of a defective drug notice.

7.7.2.2 The clinic's pharmacy personnel will inspect, collect, and prevent this issue, use or distribution of drugs affected by the recall notice.

7.7.2.3 For Class I recall outpatient medications, a prescription survey will be conducted to identify those individuals who received medication of the manufacturer/lot number in question.

7.7.2.4 The pharmacy will contact each patient who has received the medications subject to a recall action judged to cause adverse health consequences. The patients will be instructed to return the medication to the pharmacy immediately.

7.7.2.5 The clinic health care provider will determine the medical actions to be taken for patients who have taken the recalled medications.

7.7.3 All recalled drugs found in the clinic must be returned as soon as possible to the main Pharmacy or Material Management Department for proper disposition. A receipt will be given for record.

7.7.4 The date of completion and the nature of the response to a drug recall notice must be fully documented and submitted to the Branch Clinic Pharmacy Coordinator. Copies should be kept on file.

7.8 ANTIDOTE LOCKER, CRASH CART, EMERGENCY DRUG BOX MAINTENANCE

7.8.1 Antidote lockers, crash carts, and drug boxes are located in all branch medical clinics' treatment rooms, where applicable.

7.8.2 The pharmacy department is responsible for the medication contents of the crash cart, antidote locker, and drug box, and shall ensure continued availability of stocks for immediate use.

7.8.3 An inventory list and expiration date will be posted inside and outside of the door of the locker. In addition, a copy of NAVMED P-5095, ”First Aid for Poisoning and Overdoses,” will be located outside the locker.

7.8.4 The telephone number of the local Poison Control Center will be posted in a highly visible place. The California Poison Control System’s current phone number for health professional is 1-800-411-8080 and for the public it is 1-800-876-4766.

7.8.5 All antidote lockers, crash carts, and drug boxes will be inventoried monthly and after each use. Breakable seals will be used for easy access and will be stored in the controlled drug locker. The old and new seal numbers must be documented on the perspective inventory sheets.

7.8.6 Emergency drug items may be obtained from the main pharmacy using Ward Drug requisition NHCP 6710/2 (Appendix 7-4).

7.8.7 Short-dated items may be exchanged from the main pharmacy on a one-to-one basis.

7.9 TREATMENT ROOM DRUG ISSUE

7.9.1 All drug items being used in treatment rooms will be monitored by the pharmacy. A log shall be used to keep track of medications issued to treatment rooms.

7.9.2 All medications will be properly labeled as to the drug name, manufacturer, lot number, and expiration date.

7.10 INSPECTION

7.10.1 All Branch Medical Clinic pharmacies and medication storage areas will be inspected monthly by the Pharmacy Coordinator, BMC, and the CSIB. Quarterly, a Technical Assist Visit will be made to the on-base Area Branch Clinics and semi-annually to the off-base Branch Medical Clinics by a Pharmacist and the Pharmacy Coordinator.

7.11 DISPOSAL OF PHARMACY OBTAINED SUPPLIES

7.11.1 Branch Clinics will forward all non-controlled expired drugs to the NHCP main pharmacy, supply department. Store drugs in a sealed container. Label containers appropriately as expired drugs, NHCP, main pharmacy. Ensure proper documentation in clinic's disposal logbook for each expired drug.

7.12 REPORTING OF DISPENSING ERRORS

7.12.1 All dispensing errors will be reported to the BMC Pharmacy Coordinator for evaluation. The prescriber and patient are to be notified immediately. A quality of care report (Appendix 11-5) will be routed through the prescriber, clinic Department Head, BMC Pharmacy Coordinator, Head, Pharmacy Camp Pendleton, and forwarded to the Branch Clinic Clinical Coordinator.

7.13 REPORT OF ADVERSE REACTIONS

7.13.1 All adverse reactions, with the exception of vaccine reactions will be reported using the Medwatch form FDA 3500 (Appendix 7-9). Vaccines will be reported on the Vaccine Adverse Event Reporting System Form, VAERS-1 (Appendix 7-10). Regardless of the form it will be forwarded to the Pharmacy and Therapeutics Committee via the main pharmacy. Upon confirmation it will then be forwarded to the appropriate reporting address.

7.14 CONFIDENTIALITY OF INFORMATION

7.14.1 All pharmacy records are the property of the United States Government. Pharmacy records may not be released without proper authorization from the Director, BMC. Access to pharmacy information shall be afforded to medical staff members with a legitimate need to know.

7.14.2 Patients requesting information concerning their own personal profile may be provided with such. Such information may not be disclosed to any other person, including next of kin.

7.14.3 Safeguarding and disclosure of pharmacy records complies with the Privacy Act and every effort will be made to protect the patient without compromising the patient's health and accomplishment of the Command's mission. All excess Pharmacy labels with patient data will be shredded to ensure confidentiality.

7.15 MONTHLY EQUIPMENT ACCURACY CHECK

7.15.1 Pharmacies with medication counting machines shall perform monthly periodic accuracy checks and clean or change the filter no less than quarterly. The date, medications used, amounts tested, and results of equipment accuracy must also be annotated.

APPENDIX 7-1: NAVMED 6710/4 NARCOTIC AND CONTROLLED DRUG INVENTORY –24 HOUR

NARCOTIC AND CONTROLLED DRUG INVENTORY –24 HOUR
NAVMED 6710/4 (4-72)

(To be used with NAVMED 6710/1)

PERIOD COVERING *(Inclusive dates)*

DATE	HOUR	SIGNATURE OF NURSE *(I certify that I have counted and found correct all narcotics and controlled drugs listed on NAVMED 6710/1 for this ward.)*	SERIAL NUMBERS OF NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORDS		
			RECEIVED FROM PHARMACY	RETURNED TO AND RECEIVED BY PHARMACY	PHARMA-CIST INTIALS
	NIGHT				
	DAY				
	EVENING				
	NIGHT				
	DAY				
	EVENING				
	NIGHT				
	DAY				
	EVENING				
	NIGHT				
	DAY				
	EVENING				
	NIGHT				
	DAY				
	EVENING				
	NIGHT				
	DAY				
	EVENING				
	NIGHT				
	DAY				
	EVENING				

SUPERVISOR'S AUDIT

Date _____ Time _____

I Certify that I have audited the records of narcotic and controlled drugs for this ward.

[ ] FOUND CORRECT [ ] ERRORS NOTED DATE CORRECTED _____

_____
(Signature and Rank)

APPENDIX 7-2 NARCOTICS CUSTODIAN LETTER

5420
08
09 Nov 00

From: Commanding Officer, Naval Hospital Camp Pendleton
To: Rank, Full Name, USN/R, SSN

Subj: APPOINTMENT AS ALTERNATE CUSTODIAN OF NARCOTICS AND CONTROLLED SUBSTANCES FOR __ AREA BRANCH MEDICAL CLINIC

Ref: (a) MANMED P-117, Chapter 21

1. Per reference (a), you are appointed as Alternate Custodian of Narcotics and Controlled Substances for __ Area Branch Medical Clinic. You will serve as such until your transfer from the clinic or you are relieved in writing before that time.

2. You will be guided in the performance of your duties by the provisions contained in reference (a).

C. B. SAINTEN
By direction

Copy to:
Head, Pharmacy Dept
Sr Mbr, CSIB
Pharm Coor, BMCs

APPENDIX 7-3: MEDICATION STORAGE TEMPERATURE RECORD

MEDICATION STORAGE TEMPERATURE RECORD

Location: _____ Month/Year: _____

A twice daily temperature check and inspection of refrigerator containing medicinals shall be recorded on this form. Notify your Clinic Supervisor of any discrepancy. Acceptable temperature range is 2 C-8 C (36 F-46 F). Check expiration dates, signs of deterioration and contamination and date all Multidose Vials upon opening.

Temp	Day	AM	PM	Discrepancies	Signature/Rank
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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30					
31					

APPENDIX 7-4: NHCP 6710/2 WARD DRUG REQUISITION

Fill out form in duplicate. Controlled drugs must be ordered on a prescription form

WARD DRUG REQUISITION

NHCP 6710/2 (REV 8-83)

Ward/Clinic	Phone Number	Date		Received by (Signature)			
Drug and mg Strength	Ordered	Issued	Lot No.	Drug and mg Strength	Ordered	Issued	Lot No.
Ordered by (Signature)		Filled by		Checked by		Units (Pharmacy use only)	

APPENDIX 7-5: NON-FORMULARY (SPECIAL ORDER) DRUG PROCUREMENT REQUEST

PHARMACY DEPARTMEBT
NAVAL HOSPITAL
CAMP PENDLETON, CALIFORNIA 92055-5008

NON-FORMULARY (SPECIAL ORDER) DRUG PROCUREMENT REQUEST

This form is to be used to request the procurement of a non-formulary medication for an individual patient. Print all the information requested. Attach the written prescription to this form and send to the Pharmacy Department. These prescriptions may be written for up to a one (1) month supply with up to eleven (11) refills.

Name of Patient: _____

SSN of Sponsor: _____--____--_____

Telephone # of Patient: (_____) _____-_____

Medication Requested: _____

Treatment Period: _____

Date Required: _____ Department: _____

Reason why available formulary items are not satisfactory:

_____ _____
Signature of Requestor Printed Name of Requestor

FOR PHARMACY USE ONLY:

RX #		Date Filled	
Requisition #		NDC #	
NSN #		MFG	
Total $ Amount		Order Date:	

APPENDIX 7-6: REQUEST FOR FORMULARY ADDITION

REQUEST FOR FORMULARY ADDITION

REQUESTS TO ADD A DRUG TO THE CLINIC FORMULARY MUST BE FORWARDED TO THE DIRECTOR OF BRANCH MEDICAL CLINICS FOR REVIEW AND APPROVAL

Name of Drug (Generic & Trade Name):

Strength and Dosage Form of Drug:

Reasons for Addition of the Drug:

Drugs it will replace, if any:

Name and Rank of Requestor:

Clinic:

Requestor's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

TO BE COMPLETED BY DIRECTOR, BRANCH MEDICAL CLINIC

❒ Approved for Formulary Addition

❒ Not Approved for Formulary Addition

Remarks:

Signature of Director: _____ Date: _____

APPENDIX 7-7: SIGNATURE CARDS

Doctor/ Nurse/ HM (IDC) Name:			
Title (MD, CRNA, FNP, Etc.)		Rank	
Social Security Number			
DEA:		Calif Reg #:	
Dept/ Area to which assigned:			
Reporting Date:		Specialty:	
********** Remarks: My signature here affixed constitutes my expressed permission to supply generic equivalents for brand name medications **********			
Signature as it will appear on prescriptions:			

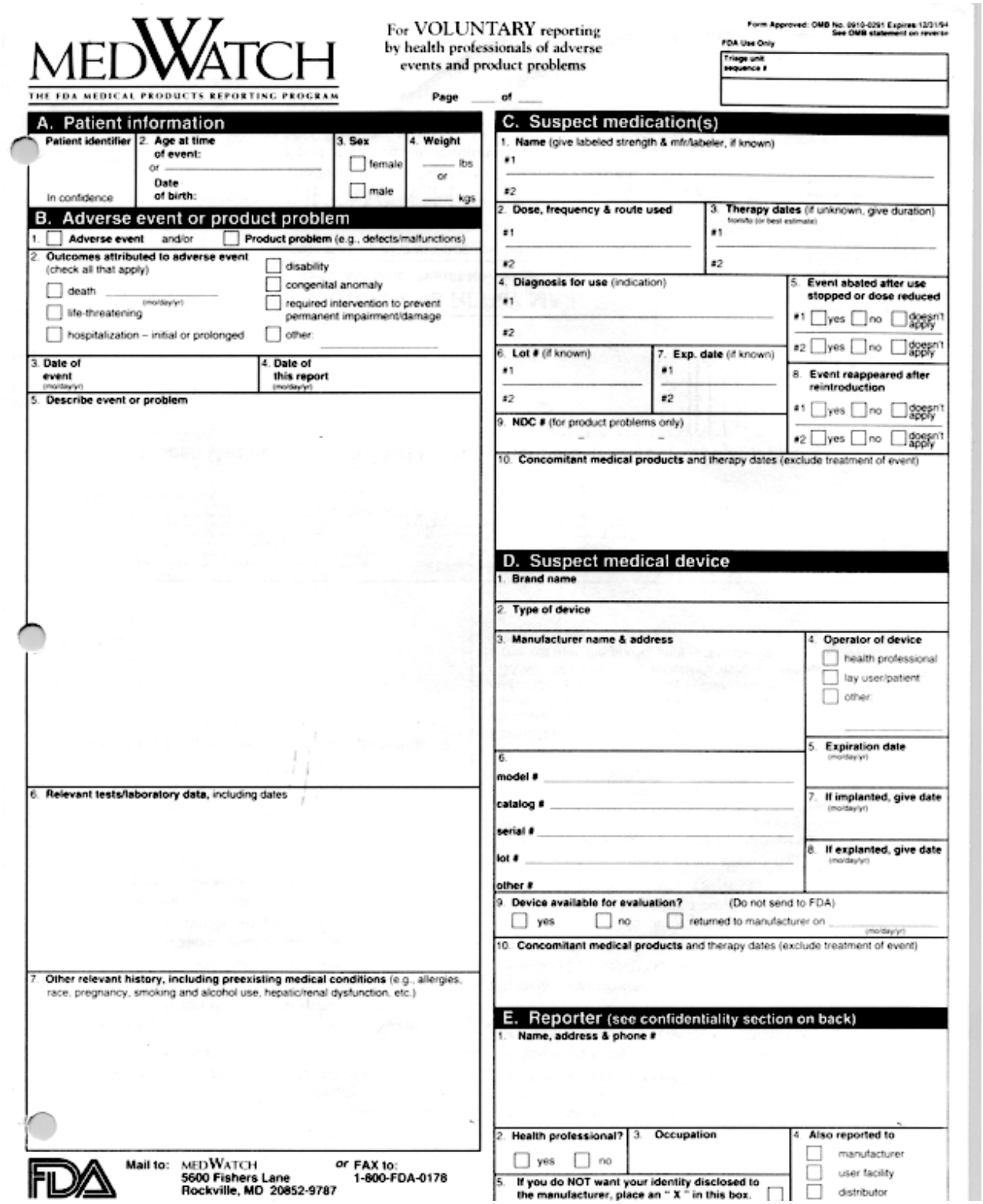
For Pharmacy Use Only			
DR's Short Name:		UCA Code:	
Telephone Number to Contact this Doctor:			

APPENDIX 7-8: NHCP 6710/22 NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORD

NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORD NHCP 6710/22 (Rev. 1-84)			WARD
(To be used with NAVMED 6710/4)			
TO BE FILLED IN BY PHARMACY			
ISSUED BY	DRUG (Name, strength of tablets/cc., oral or hypodermic)		
RECEIVED BY/DATE	DATE ISSUED	PRESCRIPTION SERIAL NO.	AMOUNT ISSUED

DATE	HOUR	PATIENT (Last name and initial)	ORDERED BY (Doctor's Name)	GIVEN BY (Nurse's Signature)	AMOUNT EXPENDED	BALANCE ON HAND

APPENDIX 7-9: MEDWATCH FORM FDA 3500



MEDWATCH
THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

For VOLUNTARY reporting by health professionals of adverse events and product problems

Page ___ of ___

Form Approved: OMB No. 0910-0291 Expires 12/31/94
See OMB statement on reverse

FDA Use Only
Triage unit
sequence #

A. Patient information
Patient identifier
In confidence
2. Age at time of event: or Date of birth:
3. Sex: female, male
4. Weight: ___ lbs or ___ kgs

B. Adverse event or product problem
1. Adverse event and/or Product problem (e.g., defects/malfunctions)
2. Outcomes attributed to adverse event (check all that apply)
death (mo/day/yr)
life-threatening
hospitalization – initial or prolonged
disability
congenital anomaly
required intervention to prevent permanent impairment/damage
other:
3. Date of event (mo/day/yr)
4. Date of this report (mo/day/yr)
5. Describe event or problem
6. Relevant tests/laboratory data, including dates
7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

C. Suspect medication(s)
1. Name (give labeled strength & mfr/labeler, if known) #1 #2
2. Dose, frequency & route used #1 #2
3. Therapy dates (if unknown, give duration) from/to (or best estimate) #1 #2
4. Diagnosis for use (indication) #1 #2
5. Event abated after use stopped or dose reduced #1 yes no doesn't apply #2 yes no doesn't apply
6. Lot # (if known) #1 #2
7. Exp. date (if known) #1 #2
8. Event reappeared after reintroduction #1 yes no doesn't apply #2 yes no doesn't apply
9. NDC # (for product problems only)
10. Concomitant medical products and therapy dates (exclude treatment of event)

D. Suspect medical device
1. Brand name
2. Type of device
3. Manufacturer name & address
4. Operator of device: health professional, lay user/patient, other
5. Expiration date (mo/day/yr)
6. model # catalog # serial # lot # other #
7. If implanted, give date (mo/day/yr)
8. If explanted, give date (mo/day/yr)
9. Device available for evaluation? (Do not send to FDA) yes no returned to manufacturer on (mo/day/yr)
10. Concomitant medical products and therapy dates (exclude treatment of event)

E. Reporter (see confidentiality section on back)
1. Name, address & phone #
2. Health professional? yes no
3. Occupation
4. Also reported to: manufacturer, user facility, distributor
5. If you do NOT want your identity disclosed to the manufacturer, place an " X " in this box.

FDA Mail to: MEDWATCH 5600 Fishers Lane Rockville, MD 20852-9787 or FAX to: 1-800-FDA-0178

ADVICE ABOUT VOLUNTARY REPORTING

Report experiences with:

- medications (drugs or biologics)
- medical devices (including in-vitro diagnostics)
- special nutritional products (dietary supplements, medical foods, infant formulas)
- other products regulated by FDA

Report SERIOUS adverse events. An event is serious when the patient outcome is:

- death
- life-threatening (real risk of dying)
- hospitalization (initial or prolonged)
- disability (significant, persistent or permanent)
- congenital anomaly
- required intervention to prevent permanent impairment or damage

Report even if:

- you're not certain the product caused the event
- you don't have all the details

Report product problems – quality, performance or safety concerns such as:

- suspected contamination
- questionable stability
- defective components
- poor packaging or labeling

How to report:

- just fill in the sections that apply to your report
- use section C for all products except medical devices
- attach additional blank pages if needed
- use a separate form for each patient
- report either to FDA or the manufacturer (or both)

Important numbers:

- 1-800-FDA-0178 to FAX report
- 1-800-FDA-7737 to report by modem
- 1-800-FDA-1088 for more information or to report quality problems
- 1-800-822-7967 for a VAERS form for vaccines

If your report involves a serious adverse event with a device and it occurred in a facility outside a doctor's office, that facility may be legally required to report to FDA and/or the manufacturer. Please notify the person in that facility who would handle such reporting.

Confidentiality: The patient's identity is held in strict confidence by FDA and protected to the fullest extent of the law. The reporter's identity may be shared with the manufacturer unless requested otherwise. However, FDA will not disclose the reporter's identity in response to a request from the public, pursuant to the Freedom of Information Act.

The public reporting burden for this collection of information has been estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send your comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Reports Clearance Officer, PHS
Hubert H. Humphrey Building,
Room 721-B
200 Independence Avenue, S.W.
Washington, DC 20201
ATTN: PRA

and to:
Office of Management and Budget
Paperwork Reduction Project
(0910-0230)
Washington, DC 20503

Please do NOT return this form to either of these addresses.

FDA Form 3500-back **Please Use Address Provided Below – Just Fold In Thirds, Tape and Mail**

Department of Health and Human Services
Public Health Service
Food and Drug Administration
Rockville, MD 20857

Official Business
Penalty for Private Use $300

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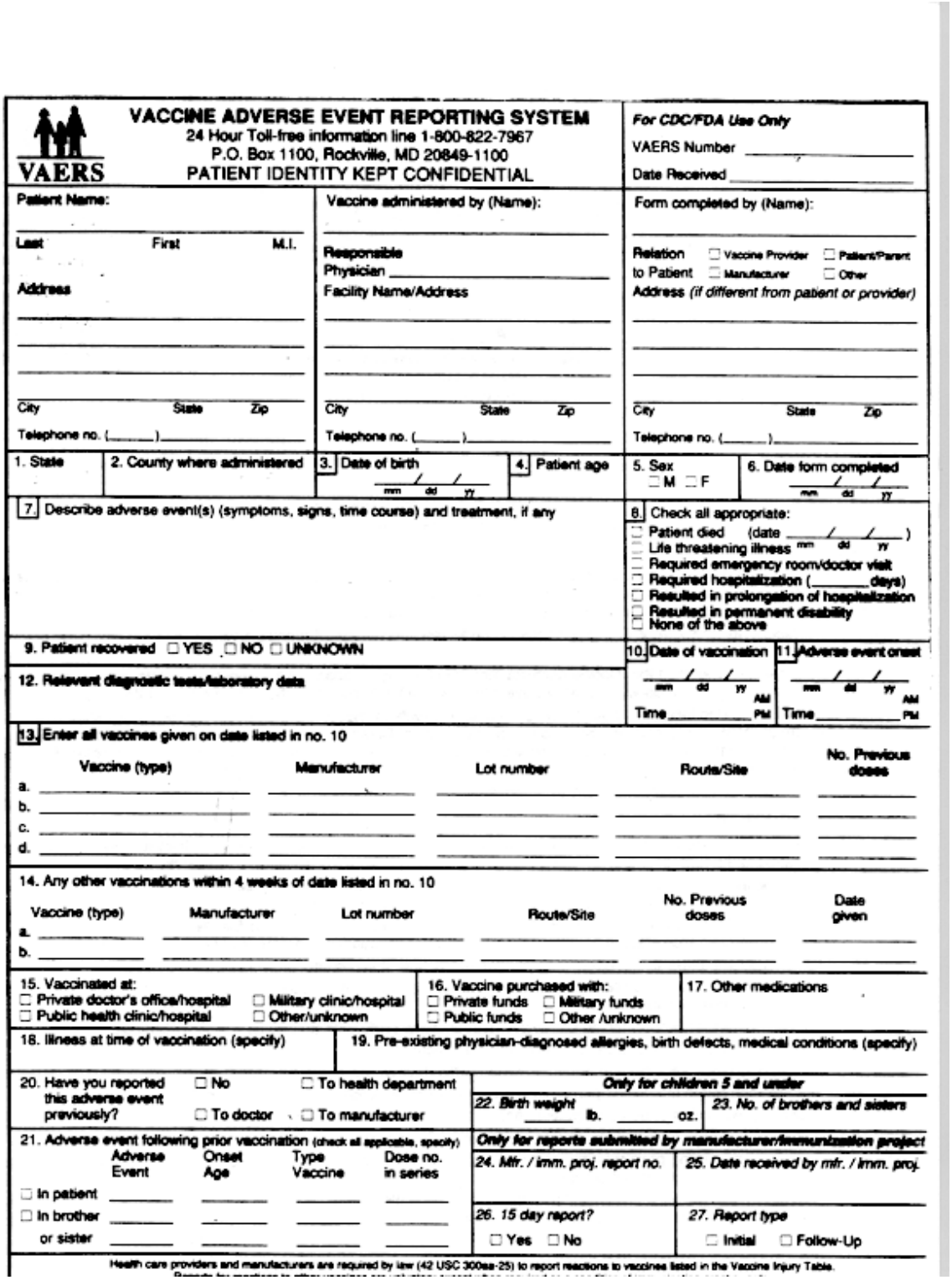
BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 946 ROCKVILLE, MD

POSTAGE WILL BE PAID BY FOOD AND DRUG ADMINISTRATION

MEDWATCH
The FDA Medical Products Reporting Program
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20852-9787

APPENDIX 7-10: VAERS - VACCINE ADVERSE EVENT REPORTING SYSTEM



VACCINE ADVERSE EVENT REPORTING SYSTEM
24 Hour Toll-free information line 1-800-822-7967
P.O. Box 1100, Rockville, MD 20849-1100
PATIENT IDENTITY KEPT CONFIDENTIAL

VAERS

For CDC/FDA Use Only
VAERS Number _____
Date Received _____

Patient Name:
Last First M.I.
Address
City State Zip
Telephone no. (____)____

Vaccine administered by (Name):
Responsible Physician _____
Facility Name/Address
City State Zip
Telephone no. (____)____

Form completed by (Name):
Relation to Patient ☐ Vaccine Provider ☐ Patient/Parent ☐ Manufacturer ☐ Other
Address *(if different from patient or provider)*
City State Zip
Telephone no. (____)____

1. State | 2. County where administered | 3. Date of birth (mm / dd / yy) | 4. Patient age | 5. Sex ☐ M ☐ F | 6. Date form completed (mm / dd / yy)

7. Describe adverse event(s) (symptoms, signs, time course) and treatment, if any

8. Check all appropriate:
☐ Patient died (date ___/___/___)
☐ Life threatening illness
☐ Required emergency room/doctor visit
☐ Required hospitalization (_____ days)
☐ Resulted in prolongation of hospitalization
☐ Resulted in permanent disability
☐ None of the above

9. Patient recovered ☐ YES ☐ NO ☐ UNKNOWN

10. Date of vaccination (mm / dd / yy) Time _____ AM PM

11. Adverse event onset (mm / dd / yy) Time _____ AM PM

12. Relevant diagnostic tests/laboratory data

13. Enter all vaccines given on date listed in no. 10

	Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses
a.					
b.					
c.					
d.					

14. Any other vaccinations within 4 weeks of date listed in no. 10

	Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses	Date given
a.						
b.						

15. Vaccinated at:
☐ Private doctor's office/hospital ☐ Military clinic/hospital
☐ Public health clinic/hospital ☐ Other/unknown

16. Vaccine purchased with:
☐ Private funds ☐ Military funds
☐ Public funds ☐ Other /unknown

17. Other medications

18. Illness at time of vaccination (specify)

19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)

20. Have you reported this adverse event previously? ☐ No ☐ To health department ☐ To doctor ☐ To manufacturer

Only for children 5 and under
22. *Birth weight* _____ lb. _____ oz.
23. *No. of brothers and sisters*

21. Adverse event following prior vaccination (check all applicable, specify)

	Adverse Event	Onset Age	Type Vaccine	Dose no. in series
☐ In patient				
☐ In brother or sister				

Only for reports submitted by manufacturer/immunization project
24. *Mfr. / imm. proj. report no.*
25. *Date received by mfr. / imm. proj.*
26. *15 day report?* ☐ Yes ☐ No
27. *Report type* ☐ Initial ☐ Follow-Up

Health care providers and manufacturers are required by law (42 USC 300aa-25) to report reactions to vaccines listed in the Vaccine Injury Table.

"Fold in thirds, tape & mail - DO NOT STAPLE FORM"

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES OR APO/FPO

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1895 ROCKVILLE, MD

POSTAGE WILL BE PAID BY ADDRESSEE

VAERS
c/o Ogden BioServices Corporation
P.O. Box 1100
Rockville MD 20849-1100

DIRECTIONS FOR COMPLETING FORM

(Additional pages may be attached if more space is needed.)

GENERAL

- Use a separate form for each patient. Complete the form to the best of your abilities. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)
- Refer to the Vaccine Injury Table (VIT) for events mandated for reporting by law. Reporting for other serious events felt to be related but not on the VIT is encouraged.
- Health care providers other than the vaccine administrator (VA) treating a patient for a suspected adverse event should notify the VA and provide the information about the adverse event to allow the VA to complete the form to meet the VA's legal responsibility.
- These data will be used to increase understanding of adverse events following vaccination and will become part of CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems". Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.
- Postage will be paid by addressee. Forms may be photocopied (must be front & back on same sheet).

SPECIFIC INSTRUCTIONS

Form Completed By: To be used by parents/guardians, vaccine manufacturers/distributors, vaccine administrators, and/or the person completing the form on behalf of the patient or the health professional who administered the vaccine.

Item 7: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, duration of symptoms diagnosis, treatment and recovery should be noted.

Item 9: Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if the patient has not returned to the pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.

Item 10: and 11: Give dates and times as specifically as you can remember. If you do not know the exact time, please indicate "AM" or "PM" when possible if this information is known. If more than one adverse event, give the onset date and time for the most serious event.

Item 12: Include "negative" or "normal" results of any relevant tests performed as well as abnormal findings.

Item 13: List ONLY those vaccines given on the day listed in Item 10.

Item 14: List ANY OTHER vaccines the patient received within four weeks of the date listed in Item 10.

Item 16: This section refers to how the person who gave the vaccine purchased it, not to the patient's insurance.

Item 17: List any prescription or non-prescription medications the patient was taking when the vaccine(s) was given.

Item 18: List any short term illnesses the patient had on the date the vaccine(s) was given (i.e., cold, flu, ear infection).

Item 19: List any pre-existing physician-diagnosed allergies, birth defects, medical conditions (including developmental and/or neurologic disorders) the patient has.

Item 21: List any suspected adverse events the patient, or the patient's brothers or sisters, may have had to previous vaccinations. If more than one brother or sister, or if the patient has reacted to more than one prior vaccine, use additional pages to explain completely. For the onset age of a patient, provide the age in months if less than two years old.

Item 26: This space is for manufacturers' use only.

8 RADIOLOGY SERVICES

8.1 GENERAL

8.1.1 Personnel assigned to the Branch Medical Clinic's Radiology Section will observe and comply with NAVMED P-5055 (1992) and NAVHOSPCAMPENINST 6470.1B. Branch Clinic supervisors will ensure enforcement of these directives and issue no instructions which are in conflict.

8.2 PERSONNEL

8.2.1 Trained x-ray personnel will be assigned to BMC as a part of the manpower allowance. X-ray Technicians, with NEC 8451 or 8452 will be assigned to Branch Medical Clinics who provide radiological support to civilian employees and beneficiaries. For additional clinic support, each Branch Clinic should be manned with one or more OJT technicians. OJT Classes are offered periodically and information is distributed at each Blue/Green (1st Tuesday) and Blue Headquarters (3rd Tuesday) Meetings.

8.3 RESPONSIBILITY

8.3.1 Branch Clinic Department Heads/Radiology Coordinator will ensure personnel assigned to the X-ray section adhere to the provisions of NAVHOSPCAMPENINST 6470.1B, NAVMED P-5055 and other pertinent directives. Routine responsibilities are identified in Section 8.10.

8.3.2 Branch Clinic Department Heads and the Radiology Coordinator will ensure radiological badges are worn, collected, and exchanged by x-ray personnel when required. Film badges are collected and issued every 6-7 weeks by the Radiation Health Safety Technician at the Naval Hospital.

8.3.3 The x-ray technician will record in CHCS all patient and pertinent information on x-rays (exam) taken. Clinics without CHCS will maintain a hardbound logbook, detailing the patient information and each individual x-ray taken.

8.3.4 Each Branch Clinic will be provided with an Radiology Department, Desktop Standard Operating Procedure Manual as a guideline to proper operating procedures.

8.3.5 NAVMED P-5055 and NAVHOSPCAMPENINST 6470.1B stipulates that all personnel who are routinely or occupationally assigned to duties requiring exposure to ionizing radiation shall be given a pre-placement radiation physical examination prior to assignment to these duties and reexamination at five year intervals.

8.3.6 Personnel who have or will be exposed to ionizing radiation, will check in and out with the Radiation Health Office on assignment or detachment.

8.3.7 All assigned x-ray OJTs must ensure that a DD 1141 is located in their health record and readings are entered quarterly.

8.3.8 X-Ray Workload Report: Monthly workload and monthly chemical usage reports are to be submitted to Headquarters, BMC and to the X-ray Coordinator.

8.3.9 Inter-Clinic Support: In the event that a clinic's x-ray capability is lost temporarily, contact the X-ray Coordinator immediately. Additionally the clinic losing capability has the responsibility to contact the nearest available clinic and redirect patients to that clinic in the interim. North End of Base: 52, 53, and 62; West End/Coastal: 21, 31, 41, and 43; Mainside/Central: 13, 22, and 33

8.3.10 In the absence of an X-Ray OJT or X-Ray Tech, patients may be sent to the nearest branch clinic where a technologist is assigned (13, 21, 31, 22 and 52). Redirection to the Naval Hospital should only occur if these clinics are not operational. Additionally the clinic losing capability has the responsibility to contact the nearest available clinic and redirect patients to that clinic in the interim.

8.4 X-RAY INTERPRETATION

8.4.1 All x-rays taken at on-base clinics will be sent to the Naval Hospital via the Clinic Duty Driver within 24 hours for interpretation. X-ray results will be retrievable form CHCS within 2-3 working days. The originating clinic will have x-rays returned within 3-5 working days. If individual clinics encounter delays, contact the X-Ray TAV Coordinator.

8.4.2 Prior to forwarding radiographic studies to NHCP's Radiology Department, it is incumbent on each Branch Medical Clinic must complete the following:

8.4.2.1 Radiologic Interpretation Forwarding List, properly annotating all films being forwarded for interpretation (Appendix 8-1).

8.4.2.2 Ensure that the correct film(s) are recorded in CHCS

8.5 WET READING

8.5.1 Branch Medical Clinics' "wet reads" are done at NHCP's Radiology Department. Call the Radiology Department to insure that a radiologist is present before sending films to be read.

8.5.2 To obtain a "wet read", fill out the "Wet Read" request form (Appendix 8-2) and attach it to the x-ray that needs to be read. Enter the patient and radiographic examination into CHCS. Hand carry the x-ray to the NHCP Radiology Department. The radiologist will read the film, fill out the provisionary reading, sign the "wet read" form and place it in the x-ray jacket. All "wet reads" are read within 24 hours. The x-ray with the "wet read" results will be available for pick-up by the originating BMC the following day. The results of the final reading can be retrieved from CHCS within 2-3 working days.

8.6 CRUCIBLE FILMS

8.6.1 At the completion of the weekly Crucible evolution, the x-ray duty technician (at 31 ABMC) will take all Crucible x-ray to Naval Hospital Camp Pendleton Radiology Department. The films will be read by the radiologist on Sunday.

8.6.2 The x-ray technician will hang all films on the outpatient board, starting with frame #50 and hang films backwards.

8.6.3 Each x-ray film should have a "wet read" slip and work sheet attached to the film.

8.6.4 When the Crucible films are taken down from the board and placed in their respective jackets, a completed "wet read" slip will accompany the film.

8.6.5 All Crucible jackets are designated with black tape on the front lower left corner.

8.6.6 There is a designated slot in the Radiology Department, to place Crucible jackets for pick-up on Monday mornings by the BMC duty driver.

8.6.7 Crucible films submitted on Thursday and Friday will be mounted and placed in the Crucible Slot by the Radiologist Department file room staff.

8.7 RADIOGRAPHIC FILING SYSTEM AND MAINTENANCE

8.7.1 X-ray jackets are to be filed in numerical order using the last 4-digits of the SSN.

8.7.1.1 The x-ray jackets are color coded based from the last two digits of the SSN and are maintained separate form other colors.

8.7.1.2 Each section is arranged in sequence using the last two digits of the SSN.

8.7.1.3 All jackets with the same last two digits shall be arranged in numerical order using the last four digits of the SSN.

8.7.2 Radiographic films MUST be maintained for 5 years.

8.7.2.1 All x-ray jackets that never had films performed or are older than 5 years are to be purged and processed for silver recovery.

8.7.2.2 All films for silver recovery will be placed in a box and shall be guard-mailed to Bldg. H-135, phone 725-1251. Radiographic films must be boxed separate from the jackets and other paper materials.

8.7.2.3 Radiographic films taken for the following categories must be maintained INDEFINITELY at the MTF where they were taken.

8.7.2.3.1 Asbestos Surveillance Program

8.7.2.3.2 PPD Conversion/Tuberculosis Exposure

8.7.2.3.3 Mammograms

8.7.2.4 All films taken at on-base BMCs will be stored at NHCP in the Occupational Health Department.

8.7.2.5 Patients can request an SF DD877 at the NHCP Radiology Film Room to forward X-Rays to their next Command.

8.8 QUALITY ASSURANCE IN BRANCH MEDICAL CLINIC RADIOLOGY DEPARTMENTS

8.8.1 Quality Assurance is an all-encompassing program that includes quality control but extends to administrative, educational, preventive, and maintenance methods. QA includes a continuing evaluation of the adequacy and effectiveness of the overall imaging program, and initiating Corrective measures when necessary.

8.8.2 Quality Control is a series of distinct technical procedures to ensure the production of a satisfactory product. The aim of quality control is to provide quality that is not only satisfactory and diagnostic, but also dependable and economic.

8.8.3 Optimization of Image Quality: The primary goal of quality assurance is accuracy of diagnosis. By focusing on image quality, diagnostic quality will be enhanced, repeat studies will be minimized, and radiation dose to the patient will be minimized.

8.8.4 Minimization of Patient exposures: Standard radiographic technique charts shall be posted and adhered to. This will maximize standardization, enhance quality, decrease repeats, and minimize patient exposure.

8.8.5 Quality Control Testing.

8.8.5.1 The purpose of quality control testing is to detect change in an element of the imaging chain before the change results in degradation of image quality to the radiologist. Corrective action must be taken once this change has been detected.

8.8.5.2 Minimum frequencies for quality control tests are as follows:

8.8.5.2.1 Acceptance Testing: Performed prior to use of new equipment.

8.8.5.2.2 Photographic processing conditions: daily

8.8.5.2.3 Darkroom conditions: monthly

8.8.5.2.4 Phototimer accuracy and repeatability: semiannually

8.8.5.2.5 Darkroom fog: semiannually

8.8.5.2.6 Viewbox and reading room conditions: semiannually

8.8.5.2.7 Tube potential (kVP): annually

8.8.5.2.8 Tube current (ma or mR/mAs): annually

8.8.5.2.9 Exposure time: annually

8.8.5.2.10 Source to Image distance: annually

8.8.5.2.11 Grid (radio, uniformity, alignment): annually

8.8.5.2.12 Intensifying screens: annually

8.8.5.2.13 Screen-film contact: annually

8.8.6 Annual inspections will be performed by a Radiation Physicist. Semiannual inspections will be performed by Biomedical Engineering.

8.8.7 Photographic Processor Quality Control:

8.8.7.1 Sensitometer and densitometer testing will be performed daily. Results will be maintained in a reference log.

8.8.7.2 Film and chemicals will be stored under conditions that are within the manufacturer's specifications.

8.8.7.3 Oldest film will be used first. Film and chemicals will not be used past expiration.

8.8.8 Silver Recovery: The silver recovery program is part of the Command and Base Hazardous materials program, and will be supervised by the Safety Officer.

8.8.9 Technically Unsatisfactory (TU) films: Films may be declared TU by the X-Ray Tech after completion of processing, or by the Radiologist. All TU films will be recorded on a monthly basis, and the TU Rate, expressed as a percentage: [(number of repeat examinations / total number of examinations) X 100%] shall be documented and maintained and presented at the monthly radiology department meeting, by the Technical Assist Visit Coordinator as a measure of effectiveness. The acceptable TU rate for a teaching institution is less than 12%. Technologists that cannot maintain a TU rate less than 12% will be retrained in Naval Hospital Camp Pendleton's On-The-Job-Training (OJT) program.

8.9 RADIATION SAFETY IN THE BRANCH MEDICAL CLINICS RADIOLOGY DEPARTMENT

8.9.1 Radiation Safety in the Branch Medical Clinics Radiology Departments will fall under the Radiation Safety Committee of Naval Hospital Camp Pendleton, and the Radiation Safety Officer of Naval Hospital Camp Pendleton.

8.9.2 All radiation is assumed dangerous: the risk of the benefit of a study to a patient must be balanced against risk. Studies performed must be properly indicated. The referring provider assumes this responsibility, and will state the indications of the examination and the objectives of the study on the consultation request.

8.9.3 The policy in force is to maintain radiation exposure ALARA: As Low As Reasonably Achievable.

8.9.4 Technologists will protect themselves by using appropriate shielding between themselves and the x-ray source during an examination. Shielding includes walls, mobile shields, and shield aprons.

8.9.5 Exposure monitoring will be maintained on all personnel performing x-rays or occupationally exposed to x-rays with Thermo Luminescent Detectors (TLD's). TLD's will be distributed and collected within the periodically by the Radiation Safety Officer. All occupationally exposed personnel will undergo annual Radiation Safety training from the Radiation Safety Officer.

8.9.6 The equipment’s radiation output will be monitored by a Radiation Physicist during an annual survey.

8.9.7 Radiation exposure limits are dictated by the Radiation Safety Officer and his chain of command up to and including the National Council on Radiation Protection (NCRP) and the Nuclear Regulatory Commission (NRC). If an occupational exposure exceeds these limits, that worker will be removed from further occupational exposure.

8.9.8 Radiation Safety and Patients:

8.9.8.1 All female patients of child bearing age (ages 10-55) will be questioned regarding pregnancy. Minors will be asked this question in private.

8.9.8.2 All patients will wear abdominal shielding during any examination that does not include the abdomen (e.g.: arm x-rays, sinus x-rays, chest x-rays.) Shielding will be used as appropriate regardless of age or sex.

8.9.8.3 Only the patient is admitted in the examination room unless necessity precludes this. If a patient must be accompanied, then the non-patient will wear shielding.

8.10 ROUTINE RESPONSIBILITY OF BMC X-RAY TECH/OJT

8.10.1 Daily Task

8.10.1.1 Turn on and warm-up x-ray machine. Make 3 exposures with 15 seconds in between.

8.10.1.1.1 (a) 200 ma ½ sec 80 kvp

8.10.1.1.2 (b) 200 ma ½ sec 80 kvp

8.10.1.1.3 (c) 200 ma 1 sec 80 kvp

8.10.1.1.4 Warm up techniques may be different according to manufacture seettings, consult Bio-Med Repair 725-1351 for more details

8.10.1.2 Turn on automatic film processor and open the water valve. Check developer temperatures = 35 degrees C. Run or process 2 unexposed 14x17 films.

8.10.1.3 Report any machine's problem to Bio-Med Repair. Log the problem, date, time, and name of POC.

8.10.1.4 Make log entry. Physician's name should be stamped, then signed. Only Physicians, Nurse Practioners, and Ids can order x-rays.

8.10.1.5 Call the BAS for films not returned within 48 hours. Log the name, SSN, unit, phone #, exam date-out, and date-in of the loaner (keep a separate log book).

8.10.1.6 Send all films to NHCP for reading with the main jacket. Insert 2 forwarding lists.

8.10.1.7 Turn off the main switch, x-ray machine, processor (open top cover – 2"), and water valve.

8.10.1.8 Clean processor crossovers and x-ray spaces before securing.

8.10.1.9 Clinics with CHCS, print daily report = EP, DL end of the day, making sure all exams get DQ=.

8.10.2 Weekly Tasks

8.10.2.1 Check eye-wash station and document (flush for 3 minutes).

8.10.2.2 Submit supply request to clinic supply petty officer.

8.10.2.3 Do field day.

8.10.3 Monthly Tasks.

8.10.3.1 Send morbidity report to HQ, NHCP, and x-ray TAV Coordinator.

8.10.3.2 Clean cassettes or intensifying screens (inside and out) and check for any damages.

8.10.3.3 At the end of each month, send the monthly chemical usage report to Headquarters, Branch Medical Clinics and the x-ray TAV Coordinator.

8.10.4 Bi-Annual Task - Prepare for the Technical Assist Visit, POC is the x-ray TAV Coordinator.

8.10.5 Annual Tasks: Check Radiograph lead aprons for leaks and make log entry. Check lead aprons for wear and tear every use. x-ray lead aprons and keep x-ray on file.

8.10.6 Radiology Coordinator, BMC, will be notified of any x-ray related concerns or problems at 725-5193 or pager 967-3280.

APPENDIX 8-1: RADIOLOGIC INTERPRETATION FORWARDING LIST

BRANCH MEDICAL CLINICS
CAMP PENDLETON, CA 92055-5191

RADIOLOGIC INTREPRETATION FORWARDING LIST _____ BMC

DATE OF FILM	PATIENT'S NAME	FMP/SSN	PROCEDURE	EXAM #	ORDERING HCP	DATE READ

Date forwarded to NHCP Radiology Department _____ Initials: _____

APPENDIX 8-2: WET READING REQUEST

WET READING

RADIOLOGY DEPARTMENT
NAVAL HOSPITAL, CAMP PENDLETON
CAMP PENDLETON, CA 92055-5191

DATE: _____

RADIOGRAPHIC EXAMINATION: _____
_____

PROVISIONARY READING: _____

_____

_____

_____

RADIOLOGIST: _____

UNOFFICAL DOCUMENT
*****DO NOT PLACE IN PATIENT'S MEDICAL RECORD*****

9 PREVENTIVE MEDICINE AND OCCUPATIONAL HEALTH

9.1 PREVENTIVE MEDICINE

9.1.1 Responsibilities.

9.1.1.1 The Preventive Medicine Department will advise, monitor, and assist Department Heads and Preventive Medicine Representatives (PMR) in maintaining the clinic's Preventive Medicine programs.

9.1.1.2 Officers-in-charge of outlying clinics will provide the local administrative oversight necessary to ensure Occupational and Environmental Health staff personnel carry out functional duties of OEH and Safety, according to OEH and Safety SOPs.

9.1.1.3 The Preventive Medicine Department can be reached at 725-9641.

9.2 OCCUPATIONAL HEALTH

9.2.1 Responsibilities

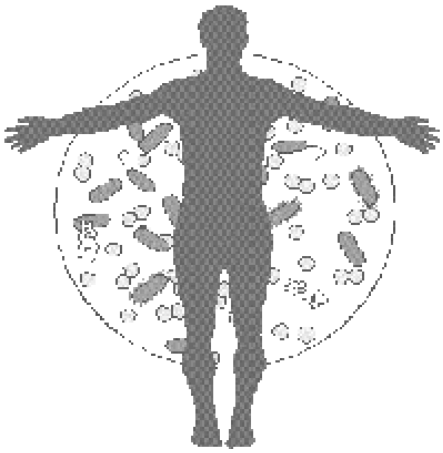
9.2.1.1 The Occupational Health Department will advise, monitor, and assist Department Heads in maintaining the clinic’s Occupational Health program.

9.2.1.2 Officers-in-charge of outlying clinics will provide the local administrative oversight necessary to ensure Occupational and Environmental Health staff personnel carry out functional duties of OEH and Safety, according to OEH and Safety SOPs.

9.2.1.3 The Occupational Health Department can be reached at 725-1048.

10 INFECTION CONTROL POLICIES

10.1 GENERAL



10.1.1 Purpose. To provide a workable infection control guide for personnel to reduce the occurrence of nosocomial infections, prevent the spread of communicable diseases, and provide for better and safer clinic facilities for patients, clinical personnel, and visitors.

10.1.2 Responsibility.

10.1.2.1 All personnel are responsible for following the guidelines established for infection control in the daily performance of their duties.

10.1.2.2 The Department Head is responsible for ensuring that the policies and procedures outlined in BUMED Instruction 6220.9 and NAVHOSCAMPENINST 6220.7 are properly introduced and followed.

10.1.2.3 The Department Head is responsible for ensuring

10.1.2.3.1 That an Infection Control Officer is designated and

10.1.2.3.2 That personnel receive annual in-service training on infection control.

11 PERFORMANCE IMPROVEMENT

11.1 PURPOSE.

11.1.1 Authority.

11.1.1.1 The Branch Medical Clinics Directorate participates in the Command Performance Improvement Plan (PIP) as outlined in NAVHOSPCAMPENINST 6010.25B. This plan establishes a systematic approach to planning, designing, measuring, assessing, and improving organizational performance.

11.2 RESPONSIBILITIES.

11.2.1 Director.

11.2.1.1 The Director, Branch Medical Clinics provides oversight of all performance improvement activities related to all clinics within the Directorate: (13 ABMC/Brig Annex, 21 ABMC, 31 ABMC, 52 ABMC, Tricare Outpatient Clinic, BMC Barstow, BMC Bridgeport, BMC Yuma, and NACC Port Hueneme with its clinics at Point Mugu, San Nicholas Island, and Seal Beach). The Director:

11.2.1.2 Ensures appropriate multi-disciplinary involvement across directorates.

11.2.1.3 Ensures department participation in measurement, implementation, and evaluation of performance and process improvement activities.

11.2.1.4 Uses the PDCA cycle and other process improvement tools and efforts to address processes within the directorate.

11.2.1.5 Maintains directorate level records for PI initiatives.

11.2.1.6 Determines which PI initiatives require Executive Steering Council action.

11.2.2 Officer-In-Charge/Department Head.

11.2.2.1 Each Officer-In-Charge / Department Head is responsible for the on-going assessment and improvement of their clinic and ensuring these activities are multidisciplinary and cross-functional.

11.3 REPORTING.

11.3.1 Performance Improvement.

11.3.1.1 Performance improvement activities are discussed, planned, and evaluated at directorate-level meetings (Blue/Green Meetings, Blue Meetings, and Medical Staff Meetings). Numerous venues are utilized to disseminate information throughout the directorate. Each Officer-In-Charge / Department Head will establish similar processes within their own clinic.

11.3.2 Clinics.

11.3.2.1 Departments shall report their on-going assessment and improvement activities to the Director via the Clinical Coordinator using the Department Performance Improvement Quarterly Report, Appendix 11-1. All improvements are to be listed with a brief description of the improvement and its impact. Reports are due by the 10th day of the new quarter (Jan, Apr, Jul, Oct). The Clinical Coordinator will forward copies of completed reports to the Performance Improvement Department.

11.3.3 BMC Data Indicators.

11.3.3.1 Data will be collected and used to identify and measure improvement opportunities and activities. Pre-determined directorate-wide indicators have been developed and require quarterly analysis and reporting by each Officer-In-Charge / Department Head. Reports are to be submitted to the Director via the Clinical Coordinator using the BMC Data Indicators Form, Appendix 11-2. Clinic-specific data may also be added to these reports. Reports are due by the 10th working day of the new quarter (Jan, Apr, Jul, Oct).

11.3.3.2 BMC Data Indicators will be evaluated periodically (at least annually) to ensure relevancy of data collected. Additional data may be requested in support of the command strategic plan or as directed from higher authority.

11.3.4 Teams.

11.3.4.1 As per the PIP instruction, teams specifically formed for performance improvement activities will report their completed improvements to their oversight body using the Completed Performance/Process Improvement Report Form, Appendix 11-3. Reports are forwarded to the Director via the Clinical Coordinator by the 10th day of the new quarter (Jan, Apr, Jul, Oct). The Clinical Coordinator will forward copies of completed reports to the Performance Improvement Department.

11.4 MEDICAL STAFF.

11.4.1 Physicians, Physician Assistants, and Nurse Practitioners.

11.4.1.1 The Medical Staff will submit quarterly medical record reviews to the Senior Medical Officer using the Medical Quality Review Form, Appendix 11-4. The Senior Medical Officer will report significant findings quarterly at the BMC Medical Staff Meeting. The Senior Medical Officer will forward copies of completed Medical Quality Review Forms to Professional Affairs.

11.4.2 Independent Duty Corpsmen (IDCs).

11.4.2.1 IDC Preceptors will submit monthly medical record reviews to the Senior Medical Officer using the Medical Quality Review Form, Appendix 11-4. The Senior Medical Officer will report significant findings monthly at the BMC Medical Staff Meeting. The Senior Medical Officer will forward copies of completed Medical Quality Review Forms to the IDC Program Manager.

11.5 QUALITY OF CARE (QOC) REPORTS.

11.5.1 Patient Outcomes.

11.5.1.1 Information is to be reported on potential, actual, adverse, or unexpected patient outcomes for evaluation, problem solving and identification of opportunities for improvement as outlined in NAVHOSCAMPENINST 6010.27.

11.5.2 QOC Reports.

11.5.2.1 QOC Reports, Appendix 11-5, will be fully investigated within the originating clinic, reviewed by the Officer-In-Charge / Department Head, then submitted to the Clinical Coordinator. The Clinical Coordinator shall review each report for completeness, then determine disposition prior to forwarding to the Command Risk Management Coordinator.

11.5.3 Distribution of Information.

11.5.3.1 The Command Risk Management Coordinator shall provide a quarterly summary report to the Clinical Coordinator for inclusion in the Blue Meeting agenda.

11.6 TECHNICAL ASSIST VISITS (TAVS).

11.6.1 Frequency.

11.6.1.1 TAVs are conducted twice a year to facilitate the exchange of information, assessment of clinic functions, problem solving, and continuous performance improvement activities between the Director, Branch Medical Clinics, Naval Hospital, Camp Pendleton and the Branch Medical Clinics.

11.6.2 Team Membership.

11.6.2.1 TAVs are conducted by representatives of the Director, Branch Medical Clinics. This includes, but is not limited to, the Clinical Coordinator, Staff Development Coordinator, Administrative Officer, Supply Petty Officer, and Coordinators for Laboratory, Pharmacy, and Radiology. Representatives from other directorates are invited to participate as deemed necessary, such as Outpatient Medical Records, and Infection Control.

11.6.3 Reporting.

11.6.3.1 TAVs are an opportunity to recognize and improve services provided at each facility. While this process is not a formal inspection, issues identified are to be prioritized by the senior leadership within each clinic and addressed in a timely manner.

11.6.3.2 Upon completion of each TAV, team members shall provide a written summary of their findings and recommendations. These summaries are complied onto a TAV Performance Improvement Sheet, Appendix 11-6, and sent to the Officer-In-Charge / Department Head for action.

APPENDIX 11-1: DEPARTMENT PERFORMANCE IMPROVEMENT QUARTERLY REPORT

NAVHOSPCAMPENINST 6010.25B

From: **Officer In Charge / Department Head, _____ Clinic**
To: **Director, Branch Medical Clinics**
Via: **Clinical Coordinator, Branch Medical Clinics**
Subj: DEPARTMENT PERFORMANCE IMPROVEMENT QUARTERLY REPORT
Date: _____

Quarterly Report for: (circle appropriate quarter) Oct-Dec Jan-Mar Apr-Jun Jul-Sep

Improvements			Strategic Goals					
#	Date	List improvements. Provide brief description of each improvement and its impact. Check the Strategic Goals it supports.	Employee Morale	Customer Satisfaction	Organizational Efficiency	Healthcare Services	Operational	Training
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11								
12								

APPENDIX 11-2: BMC DATA INDICATORS

BMC DATA INDICATORS
FY00

Title	Metric	Strategic Goal	Frequency	Actions Taken/ Comments
Command Orientation	# Personnel Completed # Personnel (Threshold = 90%)	Training	Quarterly	
Annual Training	# Personnel Completed # Personnel (Threshold = 90%)	Training	Quarterly	
Customer Relations Training	# Personnel Completed # Personnel (Threshold = 90%)	Training	Quarterly	
Basic HM Competencies IV Venipuncture Suture PT. Assessment Medications	Per Category: # HMs Completed # HMs E4 & Below (Threshold = 90%)	Training	Quarterly	
Patient Satisfaction Report	DOD Survey (where applicable) And /or Clinic Survey	Customer Satisfaction	Monthly/ Quarterly	
Summary of Care Conversion to DD2766	# Records Completed # Records (Threshold = 90%)	Organizational Efficiency	Quarterly	

APPENDIX 11-3 COMPLETED PERFORMANCE/PROCESS IMPROVEMENT REPORT

NAVHOSCAMPENINST 6010.25B

COMPLETED PERFORMANCE/PROCESS IMPROVEMENT REPORT
Naval Hospital Camp Pendleton

Performance/Process Improvement Team:_____

Chartered By:_____

Date Started:_____ Date Completed:_____

Copy of Charter Attached: [ ]Yes [ ]No

Describe Performance/Process Improvement:

Which strategic goal does this improvement support? (check all that apply)

Organizational Excellence Goals	[ ]	Employee Morale
	[ ]	Customer Satisfaction
	[ ]	Organizational Efficiency
Business Output Goals	[ ]	Healthcare Services
	[ ]	Operational Resourcing and Support
	[ ]	Training

Which Dimension of Performance was addressed by your improvement: (check all that apply)

Doing the Right Thing	[ ]	Appropriateness	[ ]	Efficacy			
Doing it Well	[ ]	Availability	[ ]	Continuity	[ ]	Effectiveness	
	[ ]	Efficiency	[ ]	Timeliness	[ ]	Safety	
	[ ]	Respect and Caring					

Performance/Process Reported to Chartering Body on: _____

Performance/Process Improvement Team Leader: _____

COMPLETED PERFORMANCE/PROCESS IMPROVEMENT REPORT
PLAN – DO – CHECK – ACT CYCLE
PLAN the improvement. (Outline the implementation and data collection plan.)
DO the improvement to the process. (Make changes to the process.) *Attach before and after flowcharts or descriptions of the process.*
CHECK the results. (Measure the impact of the changes to determine whether change led to the expected improvement.) *Attach benchmark data or standards, data collection worksheets, run/control charts, histograms, graphs,etc.*
ACT to maintain the improvement. (Determine the need to review/follow-up.) *Outline frequency and plan for review or re-evaluation.*

SEND COPY TO DIRECTOR, BRANCH MEDICAL CLINICS – CODE 08

APPENDIX 11-4 MEDICAL QUALITY REVIEW FORM

____ Area Branch Medical Clinic
Camp Pendleton, CA
MEDICAL QUALITY REVIEW

Facility:	**Reviewed by:**	**Date:**

Chart # (last 4 of SSN)										
Allergies documented										
Smoking documented										
Immuniz. current for age										
HIV										
Patient/Family Education Tool compiled										

Patient Identification										
Name										
SSN										
Grade/Rate										
Sex										
Date of Birth										
Duty Station										
Date / Time of Entry										

Vital Signs										
Temperature										
Pulse										
Respirations										
BP (5 years or older)										
Weight										
Height/Length (Pediatrics to 18 yrs)										
Head Circumference (18 months & younger)										

MEDICAL QUALITY REVIEW

Medical Peer:	**Review by Dr:**	**Date:**

IMPORTANT ASPECT OF CARE: Documentation of medical care											
Chart # (Patient last 4 SSN)											**Special Comments**
Date of patient visit:											
Is the diagnosis supported with clinical data and physical assessment?											
Is the documentation for history and physical complete?											
Were Lab/X-Ray tests ordered appropriately and results indicated on the chart?											
Were appropriate consults/referrals made?											
Was appropriate drug used? Dose?											
Is there documentation of appropriate discharge instructions and appropriate follow-up documented?											
Is Summary of Care sheet/health maintenance up to date?											
Is the chart legible?											
Provider's signature and last 4 of SSN accompanied by a stamp											
Key: Y=Yes N=No NA=Not Applicable											

MEDICAL PEER REVIEW
[ ] Medical care is WITHIN standards [ ] Medical care is NOT WITHIN standards

Reviewer's Conclusions (based on above review):
Senior Medical Officer's Comments/Action and Follow-up:

Provider's Signature	Date	Medical Peer Review Signature	Date	Senior Medical Officer's Signature	Date

APPENDIX 11-5: QUALITY OF CARE REPORT

NAVHOSPCAMPENINST 6010.27

Quality of Care Report **Naval Hospital Camp Pendleton**	
Date & Time Event Occurred: Location:	
Event Document in Medical Record? (DO NOT mention this in your charting)	[ ] Yes [ ] No
Physician Notified: [ ] Yes [ ] No Name:	Date & Time of notification:
Check all that are appropriate:	Unexpected complication of outpatient care:
[ ] Defective material/equipment with potential or actual patient harm. (DO NOT clean, alter or destroy material/equipment prior to reporting.	[ ] Motor weakness [ ] Sensory organ loss or Impairment
[ ] System/Process problem	[ ] Sensory Nerve Injury
[ ] Communication Problem	[ ] Corrective/Operative Process
[ ] Administrative Event impacting on patient care	[ ] Brain Damage
[ ] Other:	[ ] Reproductive Organ loss/Impairment
Provide any details concerning the event:	
Cause of Event _ System or Process _ Communication _ Knowledge _ Skill _ Poor Judgement _ Vigilance _ Other _ Unknown	
Patient Outcome (injury, increased length of stay, elevation of care, no harm)	
Specific Action taken (which addresses the Cause of the event)	
Printed name & title of person completing report:	
Signature: Phone/Pager number: Date Prepared:	
This document contains information except for mandatory disclosure per Title 10 USS ss1102. These records contain information that was collected, as the result of reviews/investigations convened for QI review purposes and as such constitutes a Medical QI record as defined by Title 10 USS Ss1102. These records are not releasable nor may their content be disclosed outside the original distribution, without prior written approval of the Commanding Officer, Naval Hospital Camp Pendleton. Internal working copy may be made & kept in the Office of Risk Management Coordinator, NHCP ONLY in QI files. COPY MUST BE DESTROYED upon completion of review process.	
Patient Identification: (full name and SSN with prefix)	

NHCP 6711/3 (REV. 11-99)

Individuals Involved: (Last Name, First Initial)
Opportunities for Improvement Identified:
Department Head Comments/Signature:
RMC/PIPA Comments/Signature:

NHCP 6711/3 (REV. 11-99)

APPENDIX 11-6: TECHNICAL ASSIST VISIT, PERFORMANCE IMPROVEMENT SHEET

TECHNICAL ASSIST VISIT
PERFORMANCE IMPROVEMENT SHEET
{DATE}

{CLINIC}

IMPROVEMENT NEEDED	ACTION TAKEN	OPEN/RESOLVED

12 GROUNDS MAINTENANCE

12.1 GROUNDS MAINTENANCE.

12.1.1 Scope.

12.1.1.1 Grounds maintenance includes the grooming of the landscape and the removal of all trash and litter surrounding the buildings, facilities, roads, and fields. Emphasis will be placed on preventive action and daily clean-up rather than large scale police details. Area Orders from the S-4 define the distance of the perimeter.

12.1.2 Responsibility.

12.1.2.1 Branch Clinic Department Heads/Officers-in-Charge are responsible for the policing of these buildings and the grounds under their cognizance.

12.1.3 Improved Grounds.

12.1.3.1 Removal of shrubs, trees, or ground cover without authorization from Base Maintenance is prohibited. The following guidelines are recommended for improved areas:

12.1.3.2 Excessive watering should be avoided. A watering schedule should be established at each clinic base on the climate and season.

12.1.3.3 Gasoline and oil in lawn mowers and weed eaters will be checked and filled to appropriate levels prior to use. Personnel will be indoctrinated in their proper use and safety features. Personnel will also wear full uniforms, sleeves rolled down and buttoned, appropriate headgear, safety goggles, ear protection, gloves, and safety shoes. All other tools (e.g. swing blades, rakes, etc.) will be checked frequently for loose bolts, nuts or screws, and tightened or replaced as necessary.

12.1.3.4 Lawn mowers will be hosed down with water (to include the undercarriage) after use, and prior to storage. All other ground maintenance tools will be cleaned and inspected prior to storage. Cutting edges of tools will be inspected, sharpened as necessary, and lightly oiled after cleaning and use.

12.1.4 Fertilization.

12.1.4.1 Upon request, fertilizer will be issued to rejuvenate existing lawns and plants. Requests will be submitted to the Area Maintenance Office utilizing NAVFAC Form 9-11014/20 (Appendix 12-1). A copy of the work request will be maintained by the clinic submitting the request and an entry will be made in the Work Request Log (Appendix 12-2).

12.1.5 Mowing.

12.1.5.1 All lawns will be cut, trimmed, and weeded at least once a week.

APPENDIX 12-1: WORK REQUEST FORM NAVFAC9-11014/20

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 9-11014/20 (REV. 2-68) S/N 0105-LF-002 7 510
Supersedes NAVFOCKS 2351 (PW Department see Instructions in NAVFAC MO-231)

PART I – REQUEST (Filled out by Requestor)		
1. FROM POC: _____ _____ Area Branch Medical Clinic, Bldg # _____		2. REQUEST NO.
3. TO		4. DATE OF REQUEST
5. REQUEST FOR [ ] COST ESTIMATE [ ] PERFORMANCE OF WORK		5a. REQUEST WORK START
6. FOR FURTHER INFORMATION CALL:		7. SKETCH / PLAN ATTACHED [ ] YES [ ] NO
8. DESCRIPTION OF WORK AND JUSTIFICATION *(Including location, type, size, quantity, etc.)* JUSTIFICATION:		
9. FUNDS CHARGEABLE:	10.SIGNATURE *(Requesting Official)*	
PART II – COST ESTIMATE		
11. TO:		12. ESTIMATE NO.
13. COST ESTIMATE		
a. Labor	$	14. SKETCH/PLAN ATTACHED [ ] YES [ ] NO
b. Material	$	15. [ ] APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	$	[ ] APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF:
d. Equipment Rental? Usage	$	AUTHORIZED BY 25th of _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	$	[ ] DISAPPROVED
f. TOTAL	$	16. SIGNATURE/DATE
PART III – ACTION (Filled out by Requestor)		
18. TO:		
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check on if other than PW funds are involved) [ ] NAVCOMPT 140 [ ] OTHER		20. WORK REQUESTED [ ] CANCELLED [ ] DEFERRED [ ] OTHER
21. SIGNATURE		22. DATE

APPENDIX 12-2: WORK REQUEST LOG

Department: _____

Facility Representative Name: _____

Work Request Log

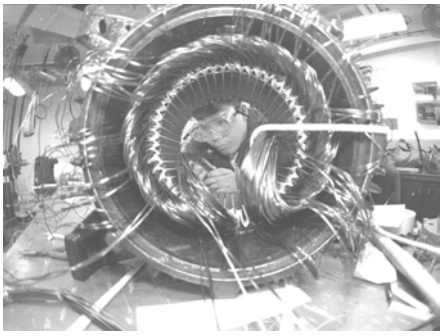
Date Submitted	Work Req #	Area/Room #	POC	Remarks	Days Open	Date Completed

13 MATERIAL INSPECTIONS/HOUSEKEEPING

13.1 MATERIAL INSPECTIONS

13.1.1 Officer-in-Charge/Department Head.

13.1.1.1 Branch Clinic Department Heads/Officers-in-Charge will conduct weekly inspections of their areas and ensure cleanliness in maintained (Appendix 13-1).



13.1.2 Zone inspections.

13.1.2.1 Zone Inspections will be conducted quarterly for zones listed in NAVHOSPCAMPENINST 4730.1/Series. Three (3) inspectors and three (3) recorders will be assigned on a quarterly basis from the branch clinics to assist in the zone inspections. The inspector must be an E-7 and above while the recorder can be an E-5 and below.

13.2 MAINTENANCE REQUESTS

13.2.1 Routine Service Ticket.

13.2.1.1 The majority of day to day maintenance problems can be reported using the Routine Service Ticket procedures (Appendix 13-2). As a rule, any requirement that involves the entire building (e.g. HVAC) will be classified as a major repair job. Proper prioritization and wording that adequately stresses the importance of the request is mandatory. The volume of requests that the FMD receives exceeds their capacity. The clinic's have the responsibility to write persuading justifications for maintenance and help.

13.2.1.2 All work requests need to be submitted to your area maintenance department. A "Ticket number" will be recorded on the Routine Service Ticket. The clinic is required to keep a copy of all service tickets and record the request on the Trouble Ticket Log (Appendix 13-3).

13.2.2 Emergency Maintenance.

13.2.2.1 A loss or interruption of utilities (e.g.: gas, water, electrical, and/or sewer services).

13.2.2.2 A situation which caused or will cause severe damage to government property (e.g.: broken water line that cannot be secured by customer, sewer main overflowing inside or outside of building).

13.2.2.3 A situation that is life threatening (e.g.: heavy odor of natural gas present inside or outside facility).

13.2.2.4 A safety hazard (e.g.: electrical shock when using switches or receptacles, power line knocked down).

13.2.2.5 The only available facility is unusable (e.g.: the only commode, the only sink).

13.2.2.6 Valid emergency maintenance problems as defined above can be reported by calling the S-4 Maintenance Trouble Desk at 725-5124/5283, bldg 13142. All other maintenance problems will be considered routine in nature and will be submitted in writing on the routine service tickets.

13.2.3 Housekeeping.

13.2.3.1 Proper cleansing / maintenance of heads: The cleaning of the on-base, Blue Branch Medical Clinics falls under the guidance and authority of the Hospital Housekeeping Officer, Joe Gallagher, in compliance with standards and procedures set forth in the Environmental Maintenance Division / Housekeeping Manual in conjunction with established Infection Control procedures.

APPENDIX 13-1: INSPECTION REPORT

Bldg: _____ Dept: _____ Inspection Start Date: _____ Inspection Comp. Date: _____

Inspector(s): _____ Extension: _____

Section I: Inspection Report					
#	Room #	Findings/Discrepancy	Action Taken	TT or WR#	Date

Section II: Inspector's Comments/Recommendations (By Discrepancy #)

Section III: Reviews

Reviewed By: _____ Date: _____

Comments:

_____ _____

Head, Facilities Management Date

APPENDIX 13-2: ROUTINE SERVICE TICKET

Routine Service Ticket

Ticket Number: _____

Bldg Number: _____

Requestor Code: _____

Date: _____

Requestor's Name (S-4) _____

Requestor's Phone (S-4) _____

Point of Contact: _____

Point of Contact Phone: _____

Location of Problem: _____

WORK REQUESTED

Authorized Signature (S-4): _____

THIS SECTION FOR FACILITIES MAINTENANCE USE ONLY

SHOP NUMBER: _____ **PROPERTY (R/N):** _____ **EPS:** _____
JOB ORDER #: _____ **WORK GENERATOR:** _____ **NON-EPS:** ___

APPENDIX 13-3: TROUBLE TICKET LOG

Department: _____

Facility Representative Name: _____

Trouble Ticket Log

Date Submitted	TT #	Area/Room #	POC	Remarks	Days Open	Date Completed

14 SAFETY POLICY

14.1 GOAL

14.1.1.1 The ULTIMATE goal of the safety management program is to provide a physical environment free of hazards and to manage staff activities to reduce the risk of injury. This program will be aggressively supported by ALL hands in accordance with the NAVHOSPCAMPENINST 5100 series.

14.1.1.2 Officers-in-charge of outlying clinics will provide the local administrative oversight necessary to ensure Occupational and Environmental Health staff personnel carry out functional duties of OEH and Safety, according to OEH and Safety SOPs. The Safety Department can be reached at 725-1486.

15 LINEN MANAGEMENT

15.1 LINEN DISTRIBUTION

15.1.1 Individual Issue System.

15.1.1.1 All area branch medical clinics will exchange linen on a one-for-one basis, an "Individual Issue System" established by NAVHOSPCAMPENINST 6770.2 series and Department Head's are responsible for linen in their respective areas.

15.1.2 Linen Collection.

15.1.2.1 Dirty linen will be stored separate from clean linen. It may be stored in the same room as dirty instruments and/or biohazard waste. Dirty linen should be placed in a linen hamper, never on the floor. The hamper should be changed when ¾ full and covered at all times.

15.1.2.2 The Headquarters duty driver will pick up linen at each on-base clinic on a weekly basis on designated days (see Appendix 15-1). DO NOT SEND CLINIC PERSONNEL TO EXCHANGE LINEN.

15.1.2.3 In the event that linen supply is depleted before the designated day, the Branch Clinic Department Head or Linen Petty Officer will contact the Headquarter Linen Coordinator (725-6346) who will arrange exchange of additional linen.

15.1.2.4 Linen is to be hand counted. Each item total is entered under "Total Turned in to Linen Room" on the linen inventory and request form, Appendix 15-2. Each linen form is completed in TRIPLICATE. Every effort should be made to ensure that linen counts are accurate and turned in on designated linen days.

15.1.2.5 If weekly linen allowance is not adequate, the Department Head or Linen Petty Officer will submit a memorandum to the Administrative Officer, Headquarters requesting an adjustment to their linen allowance. The memorandum should include the item, description, and amount required, i.e.: BLANKET, therm cotton 20

15.1.2.6 If you receive worn and/or torn linen. Contact the Headquarters' Linen Coordinator 725-6346 for appropriate exchange.

15.2 MOP HEADS

15.2.1 Laundering.

15.2.1.1 Mop heads will be changed daily and laundered prior to reuse. Anytime a mop is used for removing blood or other body fluids, both the mop head and cleaning solution will be changed before cleaning another area.

15.2.1.2 The duty driver from Headquarters, Branch Medical Clinics, is available to pick up the mop heads from each clinic daily, transport them to the hospital, and place them in a designated bin on the back dock.

15.2.1.3 The duty driver will return the mop heads to the appropriate clinic the following Tuesday.

15.2.1.4 Each clinic must have an adequate supply of mop heads on hand to meet housekeeping needs.

15.2.2 Semi-Annual Linen Inventory.

15.2.2.1 The command will direct a semi-annual linen inventory. The linen department will issue a linen inventory packet to each Branch Medical Clinic via the duty driver. The duty driver will hand deliver the packet to the linen representative for each clinic. Each representative will be instructed to count all clean and dirty linen and record the numbers on the linen inventory packet next to each corresponding item (e.g.: 3 blankets, 6 white sheets). Once the packet has been filled out completely, a copy will be made for the clinic's records and the original will be given to the duty driver on the specified return date (determined by the linen department). DO NOT RETURN YOUR LINEN PRIOR TO THE SCHEDULE DATE. The duty driver will hand deliver the completed packets to the linen department. If there are any questions concerning the linen inventory, POC NHCP's Linen Department, 725-1260.

APPENDIX 15-1: LINEN SCHEDULE

LINEN SCHEDULE

Clinic	Days for Linen Pick-up
13 Area	Tuesday
21 Area	Tuesday/Friday
22 Area (Green)	Friday
31 Area	Monday/Thursday
33 Area (Green)	Monday
41 Area (Green)	Wednesday
43 Area (Green)	Wednesday
52 Area	Monday/Thursday
53 Area (Green)	Wednesday
62 Area (Green)	Friday

Monday	Tuesday	Wednesday	Thursday	Friday
	13			
	21			21
				22
31			31	
33				
		41		
		43		
52			52	
		53		
				62

APPENDIX 15-2: LINEN INVENTORY AND REQUEST

LINEN INVENTORY AND REQUEST NAVAL HOSPITAL CAMP PENDLETON		
DATE	LINEN WAS ISSUED TO	
ITEM DESCRIPTION	**ITEM NUMBER**	**TOTAL RETURNED TO LINEN ROOM**
BAG CANVAS, WHITE	010	
BATH ROBES	025	
BEDSPREAD	030	
BLANKET, THERM COTTON	035	
BLANKET, BABY	045	
BLANKET, WOOL	050	
SCRUB COAT (TOP)	075	
SCRUB PANTS (BOTTOMS)	080	
GOWN, PATIENT	300	
GOWN, OR/GREEN/TRAVEL	100	
GOWN, X-RAY	110	
SHIRTS, INFANT	115	
PILLOWCASE, WHITE	140	
SHEET, WHITE	145	
SHEET, GREEN	155	
TOWEL, BATH/WHITE	165	
TOWEL, GREEN/OR/HAND	170	
PILLOWCASE, GREEN	180	
SHEET, CIRC	335	
WRAPPERS 12X12/GLOVE	340	
WRAPPERS 12X12	345	
WRAPPERS 18X18	350	
WRAPPERS 24X24	355	
WRAPPERS 36X36	360	
WRAPPERS 448X48	365	
PJ, ADULT/COAT (TOP)	120	
PJ, ADULT/PANTS (BOTTOMS)	125	
GOWN, PEDS	105	

NHCP 10500/1 (REV. 9-96)

TABLE OF CONTENTS

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL CAMP PENDLETON
STANDARD OPERATING PROCEDURES
MARCH 2001

DEPARTMENT OF THE NAVY
NAVAL HOSPITAL
BOX 555191
CAMP PENDLETON, CALIFORNIA 92055-5191

BMC SOP D
08
14 Mar 2001

BRANCH MEDICAL CLINICS STANDARD OPERATING PROCEDURE (SOP) REVISION D

From: Director, Branch Medical Clinics

Subj: SOP FOR BRANCH MEDICAL CLINICS (BMC) DIRECTORATE

Encl: (1) SOP for BMC Directorate, Naval Hospital, Camp Pendleton (NHCP)

1. Purpose. To promulgate the SOP manual, enclosure (1), for the BMC Directorate, NHCP. This SOP has been extensively revised and should be read in its entirety.

2. Cancellation. BMC SOP C 08A of 21 Jul 1997.

3. Scope. The guidance and information contained in this SOP is not all encompassing. It is intended to provide required guidance in conjunction with current Navy department directives to meet the routine day-to-day administrative requirements throughout the BMC Directorate and as such, will be utilized as the basic SOP.

4. Changes to the SOP. Recommendations for appropriate changes to extend and increase the effectiveness of the manual are encouraged. These recommendations shall be forwarded to the Director, BMC.

5. Action.

a. The Director, BMC, and the Department Heads at each BMC shall take action to implement the provisions of this SOP within their areas of responsibility. The Director, BMC will provide amplifying, situational, and interim additional instructions to satisfy day-to-day operations as required through memoranda or letters of instruction.

b. This SOP shall be maintained by each BMC. The Director, BMC shall issue changes as necessary to ensure continued accuracy.

6. Applicability. The provisions of this SOP are applicable to all Naval Hospital Branch Medical Clinics onboard Marine Corps Base, Camp Pendleton.

Approved by:

_____
C. B. Sainten, CAPT, MC, USN
Director, BMC

Reviewed by:

_____
E. G. McDonald, LCDR, MC, USN
Senior Medical Officer

Reviewed by:

_____
L. A. Carlson, CDR, NC, USN
Clinical Coordinator

Distribution:
13 ABMC
13 Annex
21 ABMC
22 ABMC
31 ABMC
31 WFTBN BAS
33 ABMC
41 ABMC
43 ABMC
52 ABMC
52 MCT BAS
53 ABMC
62 ABMC

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BMC, MCAS, Yuma, AZ
NMC, Port Hueneme, CA
Tricare Outpatient Clinic, Oceanside

BRANCH MEDICAL CLINICS
NAVAL HOSPITAL
BOX 555191
CAMP PENDLETON, CA 92055-5191

RECORD OF CHANGES

This sheet is provided to insure an effective check on the currency of the manual. After effecting each change, enter the required information in the appropriate columns.

CHANGE NUMBER	CHANGE DATE	DATE CHANGE RECEIVED	DATE CHANGE MADE	SIGNATURE